



Title: Exploration of Individuals' Perspectives towards Death and Dying

Name: Alexandra Pinto

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Exploration of Individuals' Perspectives towards Death and Dying

By
Alexandra Pinto

A thesis submitted to the University of Bedfordshire, in fulfilment of the requirements for the degree of MSc by Research.

Institute of Applied Social Research & Research Centre for Applied
Psychology

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Authors Declaration

I, Alexandra Pinto declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

Exploration of People's Perspective towards Death and Dying

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University.
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated.
3. Where I have cited the published work of others, this is always clearly attributed
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Abstract

This thesis explores people's attitudes towards death and dying. Humans have the ability to create meaning and attach these meanings to objects or events within their life, which then rouses some form of emotions. In respect of death emotions tend to be negative, but with meaning formation might provide the ability to develop positive emotions.

Semi-structured interviews were utilised to explore the participants' attitude towards death and dying. They comprised of seven women and two men with ages ranging from 21 to 81 years. Interpretive Phenomenological Analysis (IPA) was used, providing an explanation of an individual's lived experience. Data revealed key factors influencing whether death was seen as normal part of life or an object of fear, included faith, meaning and communication, providing a more positive outlook to death and dying; death perceptions, anxiety, media and communication, providing a more negative outlook to death and dying. It is concluded that there is a cross-over between both negative and positive perspectives towards death and dying. Individuals may be both afraid of death but also accept death allowing an individual to find meaning within their everyday life.

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Chapter 1: Introduction and Overview

1.1 Introduction to the Thesis

This study explored individual's perspective of death and dying. Chapter one defines and discusses death through the ages and how factors such as existential angst, religion and meaning have impacted on the individual's lived experiences. Chapter two discusses the main theories that relate to how people make sense of death and dying as a positive or negative response. The theories are Meaning Management Theory and Terror Management Theory. Chapter three, methodology, describes the procedure for the study. Interpretive Phenomenological Analysis was the preferred form of analysis over other qualitative analysis methods, and the reasons why are discussed. Chapter four discusses the findings from the analysis with extracts from participants' interviews. Chapter five discusses individuals' perspectives of death and dying, the contribution this study has to current research as well as possible future research and limitations.

1.2 Introduction to Chapter 1

Death is an inevitable fact of life and is generally seen as a negative part of life within modern Western society (Wong, 2012a). Death is a complex process involving biological, psychological, spiritual, societal and cultural factors (Kastenbaum, 2000). Humans commonly respond to issues of mortality with denial, fear or discomfort (Florian & Mikulincer, 2004; Yalom, 2008). Death can define an individual's personal meaning and affect the way their lives are led (Neimeyer, 2005; Tomer, 2000; Wong, 2008). This means humans have the ability to create meaning and attach these

meanings to objects or events within their life, which then rouses some form of emotion. In respect of death such emotions could be negative or positive. For example, if a person attaches negative meanings to death this could lead to distress and existential angst. If a person attaches positive meanings to death, such as death acceptance, they may see death not as the end, it may encourage some individuals to create meaning from their lives and live more fully in the present. It may be the beginning of a new life and allow some to focus on their legacy.

1.3 Definition of Death

Death is fundamentally the end of an individual's life. A spiritual definition of death was provided by Plato as the separation of the soul from the body (Davies, 2005). In today's more secular society, there are a number of biological definitions of death. One definition is brain death - the end of all electrical activity within the brain (Machado, 2010). This definition may cause confusion to individuals, as a person can actually be kept alive without brain function, with virtually no possibility of regaining consciousness (Wijdicks, 2001; Burkle, Sharp & Wijdicks, 2014; Bernat & Larriviere, 2014, Kellehear, 2009). A second definition is clinical death is when there is no breathing and no pulse (Malamed, 2015). A third definition is when there is permanent damage to cells; normally from the lack of oxygen, (Malamed, 2015). There are a number of ways to define death, and as such each one may have an impact on a person's expectations of death and dying.

1.4 What is Death?

Throughout history there have been many ponderings about death from different cultural perspectives, and how death, and its awareness, has been portrayed. Philosophers and theologians have discussed death and the role it plays in everyday life. For a majority of individuals there is a belief that a person's soul continues to live after death in either in some form of heaven, hell or purgatory (Bradley, Feldman & Johansson, 2015). However, a number of philosophers, such as Fred Feldman, Michael Wreen & John Locke believed in a more biological or psychological view (Bradley, Feldman & Johansson, 2015).

Ernest Becker, a cultural anthropologist, observed the human fascination with death, and found there was a contradiction about death, in that the fear of death was not really about the fear of the physical body dying, but rather the death of meaning, as meaning can define the individual. This fear only seemed to exist in humans (Becker, 1973). The German philosopher Martin Heidegger's thoughts about death were that it was inevitable and, he did not speculate if there was life after death. Heidegger suggested the individual could not have a meaningful life until they came to terms with their temporality. Temporality being that human life is entrenched in time (past, present and future). He argued that having a healthy anxiety of death may provide the individual with an acceptance of death.

1.5 A Brief history of death perspectives

From a sociological perspective, expectations of death and dying have changed over time. During the Stone Age death was seen as a journey to another world. It was seen as a transformation from role of mother/hunter to that of protector or ghost in the other world. This transformation could either benefit or harm the community (Kellehear, 2007). There may have been religious or ritual practices such as the carrying of the disarticulated bones as they moved from place to place (Kellehear, 2007; Lucas, 1996; Clottes & Lewis-Williams, 1998; Pryor, 2016; Cauwe, 2001). Religion will be discussed further in 1.6 (Religion and Death)

During the Stone Age life expectancy was short. People lived for approximately 25-35 years (Demeny & McNicoll, 2003; Bronikowski et al. 2002), and death tended to be quick and violent from a fatal hunting/foraging accident or attacks from animals (Gat, 1999; Klein, 1999; Lucas, 1996; Kellehear, 2007). However, when man stopped wandering the land and began to settle in one place, they began farming the land (Lewin, 2005; Byrd, 1994; Rosen & Rivera-Collazo, 2012). With this change, life expectancy increased (Lewin, 2005). Death was no longer sudden and unexpected. As small communities formed, how death and dying was dealt with changed (Rosen, 2014). The main causes for death were diseases, as people lived in close proximity to each other enabling contamination to spread easily (Tulchinsky & Varavikova, 2014) or work-related deaths (Kellehear, 2007). It has been suggested that man was able to see death coming, and because of this, they may have been able to anticipate death, and as such allow them to prepare themselves for their death.

People tended to die amongst their family, and clergy were often called upon to hear confessions and administer last rites to aid the journey to the afterlife. After death there were rituals carried out such as the opening of the window to allow the soul to depart (Howarth, 2007). People could settle their affairs with family and friends (Kellehear, 2007), and that, in turn, had an effect on an individual's perspective towards death and dying. During this time it was family and the wider community that would be responsible for laying out the body and organising the funeral (Howarth, 2007). From this it could be inferred that individuals may have had a more positive perspective of death and dying.

As people moved from small, country communities to larger towns and cities in the eighteenth century, the way death was dealt with changed further. Society became more complex and as such, the death of the individual became less significant within society. Death was no longer managed within small communities, people moved to work in industrial towns causing the breakdown of these close communities. There were fewer gatherings, less sharing of last rites within the community. Values of communities were lost and people turned more towards the services of professionals e.g. doctors, lawyers and funeral directors who could manage the death for them (Howarth, 2007, Kellehear, 2007).

As contemporary western society has expanded greatly and become more urbanised and secular, there appears to have been a loss of community rituals (Parks & Prigerson, 2010), the norms and traditions of society concerning death and dying have diminished. Rather than accepting that death was God's will, death was seen

as an ailment. The clergy at the bedside were replaced by the doctors and as such death became sequestered. Death was not talked about (Howarth, 2007). Where communities once were part of the death process, dying was now being hidden away in hospitals and institutions. With dying as private and hidden away, it made death, for a number of people, a subject to fear (Howarth, 2007; Jalland, 1996). The move away from religion may have caused the loss of structured belief systems that had previously provided meaning to the individual, and as such may have caused an increase in a person's existential angst in contemporary western societies.

1.6 Religion and death

Religion may be seen as a means of assuaging a person's existential angst. For many individuals Religion or Faith can play an important role in dealing with death and dying. Rituals and Religions have been seen throughout societies to promote a more positive attitude towards death (Tomer & Eliason, 2007). Rituals, especially when connected with death, are found all over the world (Ashenburg, 2004; Stroebe, Hansson, Stroebe & Schut, 2001). Rituals allow for a person to feel they have gained back some control following the death of a family member (Romanoff, 1998). It has been suggested; when a person feels they have gained back some control, well-being, coping abilities and physical health increases (Klein, Fencil-Morse & Seligman, 1976; Glass & Singer, 1972). Rituals suggest there is more meaning given to death (Jalland, 1996; Jupp & Gittings, 2001; Hinton, 1971; Norton & Gino, 2014). The rituals can add a form of positivity to death. They can be seen as not only personal but also as a communal activity, celebrating death. Death could then be seen as an integral and meaningful part of social life. As rituals can often help

individuals deal with the subject of death, religion can also play an important part in their acceptance towards death and dying (Davies, 2005). Eastern cultural religions such as Hinduism and Buddhism have an acceptance attitude towards death (Parkes, Laungani & Young, 1998; Puchalski & O'Donnell, 2005; Thrane, 2010). Their belief is in reincarnation. However a Western and Middle Eastern cultural religion such as Christianity, Catholicism, and Muslim's attitude towards death, is that of an afterlife or some form of penance or hell (Parkes, Laungani & Young, 1998). Some studies such as Dezutter et al (2009) and Harding, Flannelly, Weaver & Costa (2005) and Jackson et al., (2018) have shown by having some form of religious beliefs assuages death anxiety. These beliefs may impact on a person's perception of death and dying. Believing that death is not final, a person may have a more positive perspective of death. These individuals see it only as the end of their physical life as their spiritual life continues.

1.7 The fear and avoidance of Death

Denial of death is the fear of a finite existence, the fear of mortality, which may lead to anxieties' such as depression and fear and existential anxiety (Yalom, 2008). As death responsibility appears to have disappeared from the community, individuals do not see death as part of life. As discussed in 1.6 (Religion and Death), religion played an important role in a person's perspective of death. In current western society there appears to be disillusionment towards religion, possibly creating a more fearful perception towards death. It is this fear that has an impact on an individual's perspective of death and dying and how the individual may lead their life.

Hospitals have added to the creation of modern Western society's more negative perception of death and dying. When hospitals first came into existence their main function was seen as a place to take ill and dying people. However, with significant advances in medical technology, it appears society's perspective of death has changed. Death appears to be something that could be postponed or avoided, and in some cases death is a failure, not only by medical professionals but also society (Mills, Davies & Macrae, 1994; Clark, 2002; Jupp & Gittings, 2001, Bauman, 1992; Mellor & Shilling, 1993; Callahan, 2000). In today's contemporary western society death has been sequestered. Instead of death being shared within the community, the process of dying has been hidden within medical institutions.

Within the hospital environment, Glaser & Strauss (1968) & Elias (2001) observed that relatives were seen as inconveniences as they interfered with the care; they would not be able to treat the patient in the hygienic and controlled manner they wished to. Also there were different levels of communication between patient, doctors and families regarding death. Glaser & Strauss (1968) spent six years observing and interviewing medical staff, patients and family at a number of hospitals. They found that the medical staff had a reluctance to talk to the patients about their death. They found four distinct awareness levels 1) Closed Awareness (patients are unaware of their impending death, professionals generate a story of possible recover); 2) Suspected Awareness (Patients have a suspicion that they are dying and staff counter by acting as if the patient is ill and not dying, causing changes in their behaviour towards the patient; 3) Mutual Pretence Awareness (Patients, families and medical staff are all aware of impending death, but prefer to pretend otherwise); 4) Open Awareness (Patients are aware they are dying but

occasionally remain closed regarding other death matters, however staff may hold back information if they believe it could upset the patient).

It has also been suggested elderly dying residents of residential care homes were kept separate to the residents who were considered to be living (Hockey, 1990). Hockey observed death and dying were masked from the residents through their structured and controlling care systems, whereas, within the hospice environment death was treated as a natural process and a part of life. She also observed residents were classified depending on how fit or frail they were and this would impact on where their living quarters would be. Froggatt (2001) undertook a three week observation of four different nursing homes and interviewed staff from all levels. Her main focus of the study was to investigate the impact an educational programme had on nursing and care staff practice, she also observed the dying process and the relationship between living and dying for residents. She found that in one nursing home there was a clear division between residents who were alert and more able bodied, and those who were not. This was also reflected in the living spaces of the residents. It could be suggested the sequestration of death and dying that may be occurring in residential and nursing homes is also occurring within contemporary western society, as elderly and dying people are utilising care homes, nursing homes and residential homes in greater numbers. To date there are now 21,500 homes throughout the UK (National End of Life Care Intelligence Network, 2018). This removing of death and dying from the community over the years may have impacted a person's attitude towards death. There has been a transformation of a society that affiliated with religious values and institutions to a secular society, where religion has lost a large amount of authority. In turn this may have impacted

on a person's perspective of death. Death appears, in modern western society, to have been handed over to the professionals as society has become secular. As discussed earlier in 1.6 (Religion and Death), doctors were rarely seen at the bedside of people who were dying, it was mainly the role of the clergy. Doctors, if they were present, were mainly there to predict the time of death. However, the end of the nineteenth century saw a shift in behaviours regarding death, doctors and clergy (Lupton, 2003). Through medical innovations the medical professional started to prolong dying (Clark, 2002). Previously, through religious beliefs, there was an outlook that death was part of life. However with the loss of the rituals that religion offered and the community connections, the perspective of death has now become, for many, one of fear as death is not seen as part of life.

This change in perspective became more evident during the 20th century. Many families had relatives die through violent and unnatural ways during World War 1 (Jupp & Gittings, 2001; Jalland, 1996; Winter, 2003). Staging large, elaborate funerals for those who had died for their country in foreign lands, no longer seemed appropriate, as the bodies were not able to be repatriated, (Jupp & Gittings, 2001; Jalland, 1996). Instead civic memorials and monuments were built dedicated to remembering all those who died in the conflict. It has been suggested that following the war, people became confused and insecure about death and dying (Jupp & Gittings, 2001; Jalland, 1996; Winter, 2003). As Norbert Elias wrote in 1985:

“never before have people died as noiselessly and hygienically as today in the societies, and never in social conditions so much fostering solitude”. (Elias 2001, p.p.85).

As mentioned earlier, Ernest Becker observed the human fascination with death (Becker, 1973). He believed a person's awareness of their mortality caused, whether conscious or unconscious, fear and anxiety. This fear and anxiety may have exacerbated over the years as society has become more secular. Previously religion provided comfort in times of distress (Pargament, 1997), with the possibility of some form of afterlife and reunion of loved ones (Leming, 1979), and through social support received from attending church and being part of the congregation (Ellison & George, 1994).

Drawing on Becker's work, Greenberg, Pyszczynski, & Solomon (1986) created a theory called Terror Management Theory (TMT). TMT posits individuals have an awareness of their mortality and as such can cause existential anxiety. This in turn, can cause individuals to believe in immortality that is either literal or symbolic. Literal immortality is the concept of afterlife e.g. heaven or reincarnation, and symbolic immortality focuses on what remains from the individuals life after death e.g. things that have been built or created, given birth to, network of friends or charitable work.

There is a large volume of research that supports the tenets of TMT, with Mortality Salience Hypothesis (MSH) being the main tenet. Mortality salience (MS) is the individual's awareness that their death is inevitable. MSH states an individual's worldview can provide psychological protection against death awareness. By increasing the levels of mortality salience may in turn cause individuals to invest further into their worldviews. Research has shown that when an individual has their MS manipulated it can cause hostility and aggression towards others who are

perceived as threats to cultural beliefs (McGregor et al, 1998); show an infinity to others who share the same cultural beliefs and traditions (Greenberg et al, 1990); have a belief in the divine or supernatural (Norenzayan & Hansen 2006); cause perception of a group to be seen as a pure entity (Castano, Yzerbyt, Paladino & Sacchi, 2002); and belief that one's cultural identity will continue into the future (Sani, Herrera & Bowe, 2009).

What is seen from this section is that it appears the majority of modern Western society tends to have a more negative perspective of death and dying. However, by recognising and accepting death as part of life, instead of fear and anxieties of death, and individual may move towards a more meaningful life thereby possibly reducing the fear and anxieties.

1.8 Death acceptance

Having a positive perspective of life and death could provide the motivation to obtain a higher level of life satisfaction and provide meaning to an individual's life (Wong, 2008). For example a study by Machell, Kashdan, Short & Nezlek (2014) researched the relationship between meaning and life, social and achievement events and found positive daily social and achievement events were related to having greater meaning. In respect of death acceptance Vail et al (2012) suggested that although death awareness may produce negative outcomes, it may also aid people to move along more positive routes thereby providing a more meaningful life. Meaning and the attachments individuals make to death and dying may influence their perspective

towards death. Research has suggested personal meaning may depend on an individual's attributes i.e. creativity, flexibility, intelligence and adaptiveness, but an individual's experience of meaning can be affected by factors such as discrimination and oppression. Therefore, it could be suggested if a person is more open and flexible they may have a more positive perspective of death. Whereas people who are more close minded and inflexible may have a more negative perspective of death (Wong, 1998). Meaning and why meaning maybe needed for a more positive life will be discussed in more detail in Chapter 2.

Meaning can be both positive and negative (Frankel, 1984). Understanding that meaning can be positive and negative, Paul Wong (a Canadian Psychologist) took positive psychology in a different direction. Wong argued to have a more self-actualised life individuals have to embrace and acknowledge the negative aspects of life, along with the positive ones (Wong, 2011). With this new direction a theory called Meaning Management Theory (MMT) was created. MMT is rooted in existential and humanistic theories, but also uses cognitive behavioural process. MMT differentiates between three meaning-related behaviours: meaning-seeking, meaning-making and meaning-reconstructions. Meaning-seeking is the basic process. Individuals have incredible amounts of information to process on a daily basis, and to make sense of it, individuals need to be able to predict or even control some of the situations e.g. operant and Pavlovian conditioning teaches the individuals the importance of stimuli. This attribution process allows individuals to find cause and effect relationships (Wong, 1991; Wong & Weiner, 1981). In addition to this causal attribution is existential, allowing for individuals to make sense of negative events in their lives by trying to see a positive aspect to them (Tomer,

Eliason & Wong 2014). Meaning-making's primary focus is on the activities followed by the individuals when actively interpreting, building and creating meanings to their events/situations. This is done through social construction, storytelling, and goal striving and personal development. Meaning-reconstruction is a way of coping when traumatic events or adversities have changed a person's world, by taking the negative incident and amalgamating them into a positive future or event. This can be done by confronting the past, reviewing it, examining it and looking for new alternative meanings (Wong 2007). How a person attaches meaning to events within their lives may inform and influence their perspective of death and dying. These processes will be discussed further in Chapter 2. Further research supporting and adding to TMT is a concept called Positive Terror Management Theory (PTMT). This was a concept created by Vail and colleagues (2012) where they linked positive outcomes to mortality awareness. Both theories suggest, by taking a more positive perspective of one's own mortality it may lead to the possibility of experiencing a more purposeful and meaningful life.

1.9 Rationale

Having a negative perspective of death could be having an impact on how people lead their lives in modern society e.g. research has found by having an awareness of death causes anxiety and damages the individual wellbeing of those individuals who have low levels of appropriate psychological buffers such as self-worth and meaning (Juhl & Routledge, 2012). Investigating individual's perspectives of death and dying may give a better understanding of how individuals view their own mortality, which in turn may provide future research with an avenue to find ways to help reduce the fear

surrounding death and dying. By bringing death back into the mainstream, to openly talk about death, could aid people to live a more meaningful life and have less existential angst.

This study was undertaken to understand individual's perspective and what meanings they attach to death and dying. A majority of people have some form of anxiety towards death (Tomer & Eliason 2007; Neimeyer, Wittkowski & Moser, 2004). If a person has a negative perspective of death, they may not discuss their death and how they wish to be handled following death, leave no details of their financial arrangements or even a will, which can cause upset for the surviving members of the family (Neimeyer, 2015; Harvell & Nisbett, 2016). However, there are a number people who have an accepting perspective of death and as such are open to death conversations. MMT and PTMT suggest by embracing both death and life an individual could lead a more meaningful and fulfilling life (Carr, 2004; Wong, 2008). This in turn could alleviate some emotional turmoil for the surviving members of the family (Dying Matters, 2011).

This study will explore individual's perspective of death and dying. It will attempt to understand what the differences in perspectives are and what meanings are attached to death and dying. Research has shown having conscious death awareness thoughts can cause a person to change the way they live their life. Individuals have been found to change goal aspirations from extrinsic goals, to intrinsic and self-growth goals (Lykins, Segerstrom, Averill, Evans & Kemeny, 2007). The study will also add to the research of MMT and PTMT as it endeavours to

deepen the understanding of how people produce a positive or negative view of death, and how it affects their life. It will explore if having seen some form of death changes the individuals perspective to death. The main aims of this study are as follows:

1. To gain an understanding of the individual's perspective of death and dying.
2. To understand how mortality awareness influences an individual's perspective of death and meaning in life.

Chapter 2 – Theories of Death and Dying

2.1 Introduction to Chapter 2

The first part of this chapter will explore the meaning of 'Meaning', what is meaning and why it is important to human life. The second part of the chapter will discuss the two main theories involved in understanding death and dying. The first one being Terror Management Theory TMT which suggests that the majority of human behaviour is created by the unconscious fear of their death, and the second one being Meaning Management Theory which suggests how individuals manage their meaning-making, meaning-seeking and meaning reconstruction in order for survival and growth.

2.2 What is Meaning in Life?

Meaning plays an important part in a person's life. Research has attempted to answer the question 'What is the meaning of life?' in a number of ways. Ryff & Singer (1998) argued that meaning was supported and based upon goal-directed behaviour; Baumeister (1991) suggested meaning came from self-worth and self-justification, and finally meaning may be linked with transcendent or spiritual concerns (Bernard et. al, 2017; Runquist & Reed, 2007). A majority of people have a need for their lives to make sense in some sort of way (Wong, 2012, Baumeister, 1991). For many this is achieved through their values and beliefs. Meaning is social and cultural. It refers to symbols, relationships, and abstract concepts and shared understanding. Meaning starts with simple associations which can become complex (MacKenzie & Baumeister, 2014). These interactions and relationships with other

people form the basis of cultures. Cultures can provide a system of values and beliefs which can inform how a person could evaluate various events in life. Beliefs are ideas people have a commitment to and support. Beliefs express a person's attitude towards things and may dictate a person's approach and outlook on life. Beliefs tend to be contextual in that they come from a person's learned experiences through the cultural and environmental situations experienced throughout their lives (Baumeister, 1991; MacKenzie & Baumeister, 2014). Values, on the other hand, are not contextual; they are based on what a person needs. People use their values as a way to inform their actions. People tend to justify their actions in a way they see as positive which decreases any guilt or anxiety they may have (MacKenzie & Baumeister, 2014). Values can motivate a person's behaviour and are important as they can influence how they lead their lives. Values tend to be stable; however, they may change through a person's life. Some values may have intrinsic worth (e.g. love, truth) whilst others are traits or behaviours (e.g. ambition, courage), (MacKenzie & Baumeister, 2014)

2.2.1 Why the Need for Meaning

A need is something required in order to survive, for example basic needs would be food, water and shelter (Maslow, 1943). However, in this study 'needs' has been defined as the motivation to understanding the meanings people attach to death and dying. To make sense of their lived world and what purpose there is to their life. Meaning may also provide individuals some protection against psychological distress (such as anxiety or distress) at the end of their lives (Bernard et al., 2017).

A majority of people want to foster a better version of themselves and to find meaning within their lives. Through research there has been a suggestion humans tend to obtain meaning and purpose from several sources such as relationships, intimacy, self-transcendence, achievement, self-acceptance, fairness, and religion/spirituality (Wong, 1998). Seligman (2011) created a theoretical model called PERMA which contains five elements that can allow a person to reach a life of meaning, happiness and fulfilment. The elements that constitute PERMA are:

1. P – Positive Emotion. This is about having the ability to view the past, present and future with a positive aspect. By having a positive frame of mind may help in work situations, relationships and being more creative.
2. E – Engagement. This is when individuals fully immerse in activities allowing for growth, skills, emotional capabilities and personal happiness.
3. R – Relationships. A vast number of humans require connections with other people, building positive relationships with family and friends provides love and joy and, in return, may provide support in difficult times. Social relationships, which may provide individuals with meaning, could increase the probability of survival than those who have a weak or no social relationship (Hold-Lundstad, Smith & Layton, 2010).
4. M – Meaning. This is about when individuals dedicate themselves to a cause or recognising that there is something that is bigger than them. A meaning and purpose in life, may help to lead a happy and fulfilled life (as discussed in 2.2).
5. A – Accomplishments. Having goals allows individuals to achieve the things they want and have a sense of accomplishment. When realistic goals are met an individual may have a sense of pride and achievement

on reaching their goal. This sense of achievement allows people to push themselves to thrive and flourish.

Research has suggested that people do in fact need to find meaning in their lives (Frankl, 1984, Baumeister, 1991, Klinger, 2012; Heine, Proulx & Vohs, 2006). Increased meaning in life is positively linked to well-being variables such as: positive daily social and achievement events (Machell, Kashdan, Short & Nezlek, 2015); higher self-esteem (Ryff, 1989; Steger, Frazier, Oishi & Kaler, 2006); hope, optimism and productive coping skills & self-actualization (Steger, 2012; Compton, Smith, Cornish & Qualls, 1996); life satisfaction (Steger, Kashdan, Sullivan & Lorentz, 2008); positive affect (Hicks & King, 2007, 2009); moderate relationships between the balance of work and age, along with life satisfaction and psychological health (Allen, Henderson, Mancini & French, 2017). Whereas, having low levels of meaning can lead to distress such as suicidal ideation and depression (Harlow, Newcomb & Bentler, 1986; Mascaro & Rosen, 2005, 2006); and Stillman et al. (2009) found a relationship between social exclusion and a less meaningful life.

2.2.2 The Functions and Different Levels of Meaning

Meaning refers to ideas that connect to things. It can allow a person to distinguish patterns in the world around them e.g. environmental or behaviour patterns (McLean & Morrison-Cohen, 2013). Meaning can come from many different sources and can be subjective and may be specific to each individual. However, it is not just meaning that can give a person a sense of fulfilment in life, it is also purpose. Whereas meaning is about making sense of the world around us providing an understanding

of the 'why' in life, purpose is about what motivates a person's activities, giving the 'how' in life. Purpose allows people to find meaning from their relationships to possible futures such as goals and fulfilment (MacKenzie & Baumeister, 2014). Viktor Frankl (1984) suggested people needed meaning in their lives. He believed having meaning and a purpose in life would enable a person to deal with traumatic events and adversities. Meaning and purpose are multidimensional in the sense that levels of meaning and purpose can vary from each other in different areas of a person's lived life. Authenticity goes alongside meaning and purpose. Authenticity is a human feature which refers to being true to one's true self (Baumeister, 1991). Living an authentic life means living according to your beliefs, values and motives and not to those of other people. Authenticity is considered fundamental to a person's wellbeing (Baumeister, 1991).

MacKenzie & Baumeister (2014), made a suggestion that there are three broad functions of meaning. The first being pattern recognition: this is the ability to recognise and understand patterns in the lived environments and meaning is found by being able to adapt to different situations (Diener, Lucas & Scollon, 2006; Rothbaum, Weisz & Snyder, 1982). The second is Communication: this is the sharing of information allowing for the knowledge learnt to be shared with others e.g. a person's culture, values and beliefs, as seen with religion. Religion, which may be part of a person's culture and belief systems, may provide meaning in their life (Henrie & Patrick, 2014; Neimeyer, Currier, Coleman, Tomer & Samuel, 2011; Vail III & Soenke, 2018). The third is self-control: this allows an individual to modify their behaviour, to be able to consider different solutions, and think about future goals. It allows for the ability to plan, and to control emotions and behaviours.

So far, it can be seen that meaning is quite complex, not only the reasons why meaning is needed in everyday life and the various functions of meaning, but also it has different levels. Meaning is usually found with a network of ideas and relationships (Baumeister, 1991). Meaning is dependent on contexts (Osgood & Tzeng, 1990), therefore a particular action takes place in a context and it is this context that helps to provide meaning e.g. the same action may illicit different meanings depending on the context (Polanyi & Prosch, 1975).

For many, everyday life may provide low levels of meaning through small achievements (Emmons, 1986), however, having a number of low level meanings does not add up to high levels of meaning, as people make plans for everyday life (low level) but many do not make plans for their entire life (high level). Moving to higher levels of meaning may be associated with trying to answer questions starting with 'why'. Individuals may turn to their cultural ideologies. Ideologies provide basic values and beliefs that can help individuals' asses what is good or bad and help them make sense of events in their lives. Ideologies may provide the spiritual needs for some people which, in turn, may provide high levels of meaning. Whereas, moving from high to low levels may be concerned with answering the questions that begin with 'how'. For example when something is not working out and a person wants to find the source of the problem (Carver & Scheier, 1982). Therefore, moving up levels may construct broad meanings and contexts, and has a tendency to be positive and enhance meaning in life, whereas moving down levels may reduce events by removing the contexts and structures that provide meaning, and in some situations, can be a defensive function (Baumeister, 1991; MacKenzie & Baumeister, 2014).

Meaning systems such as beliefs and values can help individuals make decisions, deal with their emotions and guide their actions. It can help people make sense of the world they live in. However, in today's contemporary western society meaning appears to be overshadowed by a person's fear of death.

2.3 Terror of Death

Humans have an awareness of their mortality, and it is this awareness that may cause some individuals to have a fear of death. Most humans have a desire to live and with the awareness of one's own mortality, may cause a conflict within some humans which is at the core of their existence (Becker, 1973). Becker states it is this awareness that creates the fear of death, and it must be repressed to be able to function productively as possible in the world. As discussed in Chapter 1, there appears to be a greater fear of death amongst modern western society following the wars and with all the medical advancements made over the years. By focusing on the symbolic self (i.e. having or seeking to obtain and display symbols that are strongly related to how an individual perceives what their ideal self is), individuals are able to transcend the problem of mortality through heroism (i.e. combating adversity through feats of ingenuity, bravery or strength), often sacrificing personal concerns for the greater good (Becker, 1973).

Research into the fear of death has generally been disregarded by psychologists. When Herman Feifel had a successful symposium at the American Psychological Association (APA) in 1956, he was later disappointed as the APA said they did not want to review and publish what had been said "We don't deal with these things" (pp68 Lamers, 2012). Feifel had realised, through his observations and experiences

during his life that death was inevitable, and he started researching into the topic of death to better understand people's fears and anxieties (Feifel, 1965; Lamers, 2012). He became aware that individuals who were dying had anxiety levels similar to those he found amongst combat troops. Through his research he found that what people were most afraid of was what was going to happen once they died. This fear people had appears to have heightened following WWI and WW2 where a vast number of people died and this may have had an impact on an individual's perspective towards death (Feifel, 1965; Lamers, 2012). In 1983 Florian & Kravetz published a study to understand what contributed to individuals' fear of their mortality. Their research suggested there are six factors that could explain a person's fear of death. The first is fear of loss of self-fulfilment, second is fear of self-annihilation, third is fear of loss of social identity, fourth is the fear of consequences of death to family and friends, and fifth is the fear of the unknown and the sixth is the fear of punishment in an afterlife. Various studies have found there is a relationship between fear of death and factors such as culture, religious commitment, gender, experiences and personality traits and attachment styles (Florian, Kravetz & Frankel, 1984; Florian & Mikulincer, 1992; Florian & Mikulincer, 1997a; Florian & Mikulincer 1997b; Florian & Mikulincer, 1998a; Florian, Mikulincer & Green, 1994, Florian & Snowden, 1989).

Up until the mid-1980's death was not seen as an important subject to be researched (Darrell & Pyszczynski, 2016). The fact that death awareness could have an adverse effect on human behaviour was not recognised (Kastenbaum, 2000). People's anxieties to death had increased, with modern science taking the place of clergy, peoples behaviours changed as the social support that used to be available from the community and religion had reduced. Using Becker's ideas regarding death

awareness and integrating with social psychology, Greenberg, Pyszczynski, & Solomon (1986), created a theory called Terror Management Theory (TMT), which was empirically tested with the Mortality Salience Hypothesis. This was the first theory to understand how people's behaviours changed when they thought about their mortality. TMT will be discussed further 2.4.

2.3.1 Death Anxieties

Death anxiety starts from knowing that human life is finite. It can fill people with dread and apprehension, especially if fundamental values (such as attacks on an individual's culture and way of life) are damaged (Schimel, Hayes, Williams & Jahrig, 2007).

Research has suggested that age can be a factor on levels of death anxiety. A study by Russac, Gatliff, Reece & Spottswood, (2007) found death anxiety levels reached the highest point for people in their 20's (both men and women), then lowered as age increased. However, the study suggests another peak in women in their 50's (but not in men). The researchers suggested a number of reasons for these spikes. They felt there was a spike in anxiety in people in their 20's due to their reproductive abilities, as it may be suggested their anxiety increased as they worried about being able to have children, or what would happen to their children if they died. The increased spike for women in their 50's, researchers suggested, is the normal time most women go through their menopause and as such, may be a reminder that they are getting older. It has also been suggested that women tend to be more open when

talking about sensitive issues and that they tend to be the main caregivers, therefore it may have an effect on their attitude towards death (Kastenbaum, 2000). Maxfield et al. (2007) found that older adults dealt with death anxiety in different ways. Following Mortality Salience (MS: is the conscious thoughts of one's own mortality and is discussed further in 2.4) manipulation studies showed that the younger adults gave much harsher judgements for those who had morally transgressed than the older adults. This suggests that as people get older their fear of death appears to reduce. This shift in perspective could possibly come from older adults striving to find positivity in their life. Older adults may have greater contentment and less anxiety or depression than that of younger adults (Lawton, Kleban & Dean, 1993). Also it is possible that older adults have a broader perspective when making judgements (Blanchard-Fields, 1994). Research conducted by Routledge & Juhl (2010) found when MS was increased, the levels of death anxiety increased. However, a study by Routledge et al (2010) found MS not only increased death anxiety, but MS impacted on psychological adjustment more generally. It has been suggested the psychological structures (such as self-esteem, self-worth and meaning) protect an individual against the anxiety of death, and if these structures are strengthened, it could make the individual less prone to the anxiety (Juhl & Routledge, 2016; Greenberg, Solomon et al. 1992). When an individual observes their cultural views, has close personal relationships and has high self-esteem it can help to reduce their anxiety (e.g. Harmon-Jones et al. 1997; Schmeichel & Martens, 2005; Cox et al, 2008).

Research suggests people have different defence processes when dealing with the thoughts of death (Pyszczynski, Greenberg & Solomon, 1999; Greenberg, Arndt,

Simon, Pyszczynski & Solomon 2000). This set of defences can be split into two categories, proximal and distal. Proximal defences are said to appear when thoughts of death are in a person's current focal awareness. Individuals will have a tendency to use logic when defending against death thoughts e.g. they may exaggerate their health, make misrepresentations of information to believe they are safe from accidents and diseases, make promises to eat better, avoid alcohol, drugs etc. Individuals will push death into the far distant future; however, this does not help individuals deal with their mortality (Routledge, Arndt & Goldenberg, 2015; Greenberg, Arndt, Simon, Pyszczynski & Solomon, 2015). Distal defences, on the other hand, tend to be experiential rather than rational. This defence system deals with symbolic conception of a person's self and the reality provided by the individual's culture. It is a defence dealing with the unconscious thoughts of death, allowing individuals to see themselves as providers to a more meaningful and significant reality. Distal defences use psychological structures such as self-esteem and cultural worldviews to buffer against the anxieties of death (Pyszczynski, Greenberg & Solomon, 1999, 2000).

2.4 Terror Management Theory and the Mortality Salience Hypothesis

TMT suggests that the majority of all human behaviour is created by the unconscious fear of their death. This fear usually creates an anxiety which is often offset with self defence mechanisms such as status-seeking and self-esteem. Knowing that death is inevitable may cause anxiety for a number of people, and this needs to be managed in order to carry on with everyday life. From a TMT perspective management of death anxiety is governed by socially constructed beliefs that aid a person to have

meaning and self-worth. However, when these psychological structures are damaged, thoughts of the individual's mortality become more present, but if individuals increase behaviours that impact on self-esteem this can assuage thoughts of mortality (Hayes, Schimel, Faucher & Williams, 2008).

Mortality Salience (MS) is a term created by Greenberg, Pyszczynski & Solomon (1986) and refers to the psychological state where a person is consciously thinking about their own death. Studies have shown when mortality salience is manipulated it can affect not only a person's behaviour but their reaction to others when a violation or deviation from their shared cultural standards and values is perceived (Greenberg, Porteus, Simon, Pyszczynski & Solomon, 2015). The feeling of being threatened existentially can push people towards activities such as gaining as much wealth as possible (Kasser & Sheldon, 2000), prioritising popularity, self-image and away from goals such as personal growth and community contribution. This may aid them to overcome any feelings of insecurity and make them feel better (Sheldon & Kasser, 2008).

MS was the first empirical support for TMT. Mortality Salience Hypothesis states that if cultural worldviews can provide protection from the fear of death, then reminding people of their mortality could increase the defence of their worldviews, self-esteem and attachments. MS is unique to thoughts of death (Greenberg, Pyszczynski, Solomon, Simon & Breus, 1994; Burke, Martens & Faucher, 2010). This was seen in a study by Rosenblatt, et al. (1989), where they asked judges to review cases and recommend a fine for women who were accused of prostitution. Judges are seen as

people who safeguard order in society whereas prostitutes are seen as violation of societal laws and causing a violation of the judges' cultural worldviews. The researchers hypothesised that if the MS was increased it increased the need for the judges to defend their worldview and thus the judges who thought about their own mortality would give harsher fines. Results indicated the judges who had been reminded of their mortality did in fact give higher fines than the judges who had not received any mortality reminders.

As thinking about death is, for a majority of people, unpleasant it could be said that the results of the Rosenblatt et al., (1989) study could be caused by a negative effect. The judges who had thought about their mortality may have been put into a bad mood therefore giving harsher fines. However, this issue was addressed in the same study as the researchers used undergraduates instead of judges. What they found was MS did lead to harsher fines, but it was not because of any negative effects of thinking about MS but it was dependent upon the individuals' beliefs and values (Rosenblatt et al., 1989). However, in the same study the negative effects of thinking were investigated further. Students were asked to give rewards to someone who had provided information on a crime at great risk to themselves. They found that following MS manipulation, those students who had thought about their mortality gave higher rewards than those students who had not thought of their own mortality. This shows that the informant was perceived as having higher societal values therefore were more deserving of a monetary reward. These experiments provided support that thinking about death strengthened an individual's worldview.

Thinking about death can also increase a person's determination to maintain their self-esteem. Self-esteem is used to describe an individual's self-worth or personal value. A study involving driving showed that people who had a large self-belief in their driving abilities actually undertook more risky driving behaviours in a simulator when their MS had been manipulated. However, when they were given positive feedback prior to using the simulator it reduced the amount of risky driving (Taubman-BenAri, Florian, & Mikulincer, 1999). This is further supported in studies by Peters, Greenburg, Williams and Schneider (2005), Goldenberg, McCoy, Pyszczynski, Greenberg, and Solomon (2000) and Mikulincer & Florin (2002) where it was found that MS increased the grip strength of participants who valued physical strength as their source of self-esteem; others placed a high value on their physical appearance and MS also increased self-serving attribution of biases. Florian & Mikulincer (1998b) also found that self-esteem amongst 7-11 year olds provided protection against their fears of death. It can be seen that self-esteem acts as a form of anxiety buffer providing protection in response to threats to self or their cultural worldview. Individuals find meaning by building their self-esteem, and it is this self-esteem which buffers them from the anxieties of death. It can also be suggested that events such as intergroup conflicts or violence may be an increase in MS, and in turn there may be an increase in nationalism, religious extremism, in-group solidarity, intolerances of deviances. As seen in a study by Motyle & Pyszczynski (2009), they found that MS increased the support of violence amongst Americans, Israelis, Koreans, Palestinians and Iranians.

TMT suggests in order to protect against existential angst, an individual's cultural worldviews can provide a shared view with others within that culture. Culture can

define a person's values and beliefs and conformity to social norms that may influence a person's thoughts and perspectives on death and dying. The shared view is able to give life meaning and significance, along with a permanence providing a sense of immortality. It can provide the possibility of an immortal life, be that literal immortality (religious afterlife such as reincarnation or heaven) or symbolic immortality (being part of something greater) that continues after death e.g. story of a person that continues long after they have died. These social constructs serve as an anxiety buffer to death and dying, and as such, individuals may continually seek affirmation of their validity within their culture. When others agree with an individual's idea of self, then faith in these social structures is increased and in turn, increasing the buffering effect of self-esteem. However if a person's faith in these values and beliefs diminishes it can reduce the buffering effect, which in turn, may cause some form of existential angst.

These studies have shown that aspects of cultural worldviews, close relationships and self-esteem can be used to mediate against fear of death. Death thoughts, for many, remain a source of anxiety, no matter how hard people try to repress them (Wegner & Smart 1997). Even though these thoughts are repressed and not conscious, they can still have an effect on an individual's attitude and behaviours.

2.5 Acceptance of Death

Humans have a tendency to link death with negativity. Death is seen as a reminder that life is finite and life is valuable (Cozzolino, 2006). For some, having this finite

awareness can have positive affects (King, Hicks & Abdelkhalik, 2010). Acceptance of death can ease the dying process not just for patients but for family (Zimmerman, 2012). When death is accepted and seen as a natural part of life, research suggests individuals have a greater sense of meaning in their lives. This in turn has given people lower symptoms of grief (Boyratz, Horne & Waits, 2015). Research has also shown that if individuals are more mindful within their lives, this may help reduce the anxieties of death (Niemieć et al., 2010).

As discussed earlier in this chapter, the majority of research towards death was based in fear and anxiety based on Terror Management Theory. In 1974, Ray & Najman developed a new scale to measure death acceptance. But death acceptance was not researched further until the late 1980's and early 1990's (Gesser, Wong & Reker, 1988; Wong, Reker & Gesser, 1994). With the introduction of Positive Psychology, a concept created by Martin Seligman, research took a different turn and the focus was more on what is right with people. Positive Psychology was later extended with Second Wave Positive Psychology (both will be discussed further in 2.5.1 and 2.5.2). One area that researchers started to investigate was death acceptance and its relationship with well-being. Wong et al. (1994) theorised death acceptance had three components:

1. Neutral death acceptance – understanding that death is part of life, death is inevitable and natural. Death is neither feared nor welcomed.
2. Approach Acceptance: understanding that death is not the end but the start of a new and better afterlife. There is a belief in some form of God and that

Heaven is seen as a much better place. The hope that you will see loved ones in this afterlife.

3. Escape Acceptance: death is perceived as a better alternative to life. Death is seen as an escape from the hardships or traumas an individual believes they are suffering.

Wong (2008) developed Meaning Management Theory, arguing that meaning in life and acceptance of death are intertwined. This theory focuses on managing inner life; all hopes, dreams, aspirations, hates, regrets, doubts and beliefs. The theory is based on how individuals attach meanings to people or events that happen in everyday life and enabling these meanings to create a more fulfilled and meaningful life (Wong & Tomer, 2011). This theory will be discussed more fully in 2.6.

2.5.1 Positive Psychology

Psychologist Abraham Maslow (1908-1970) was an advocate for the study of people who were healthy. He proposed that individuals had certain needs that had to be met in order to lead a purposeful and fulfilling life (Maslow, 1943). However, from the 1940/50's to the late 1990's psychological researches main focus was what was wrong with a person/community/society. During his inaugural speech as president of the American Psychological Association in 1998, Martin Seligman introduced the concept of Positive Psychology (PP). PP is the study of processes and conditions that aid flourishing or the optimal functioning of a person/community/society (Gable & Haidt, 2005). The main focus of PP is the positive events and influences that occur in an individual's life (Seligman, 1999, 2000), for example positive experiences would

include happiness, joy and love; positive traits and states would include gratitude, compassion and resilience. PP investigates subjects such as character strengths, well-being, happiness, self-esteem and hope in order to learn how to help people to thrive and live better lives (Seligman, 1992, 2000). Understanding positive human traits may allow people to be able to buffer against and improve mental health, such as anxieties and depression. Research may find ways that could help people, communities and societies to flourish (Seligman & Csikszentmihalyi, 2000; Seligman, 2011).

2.5.2 Second Wave Positive Psychology

PP recognised that there was interplay between positive and negative phenomena. Whilst this was recognised implicitly within PP, Second Wave Positive Psychology (SWPP) or Positive Psychology 2.0 (PP2.0) involves making the interplay between the negative and positive phenomena explicit. SWPP/PP2.0 is still PP but it acknowledges that sometimes the darker side of life is taken into account e.g. death, terminal illness. SWPP/PP2.0 is underpinned by four dialectical principles. The first is appraisal (not categorising phenomena as negative or positive); second is co-valence (the idea that experiences involve a mixture of positive and negative); third is complementarity (the dialectical interaction between opposites); fourth is evolution (the interaction of both thesis and antithesis are preserved) (Wong, 2011; Lomas, 2016; Lomas & Ivztan, 2016; Ivztan, Lomas, Hefferon & Worth, 2016). In SWPP/PP2.0 it is believed individuals should embrace both the positive aspects of living (e.g. love, happiness, gratitude) and the negative aspects of life (e.g. terminal illness, suffering and death). This, in turn, may allow for change, growth and

development within the individual (Ivtzan, Lomas, Hefferon & Worth, 2016; Carr, 2004; Wong, 2011, 2012a, 2012b, 2017). It builds on existing knowledge about human resilience, growth and strength, complimenting current psychological views. Expanding on the concepts from PP and creating the new concept of SWPP/PP2.0, provided the basis for the Meaning Management Theory proposed by Wong (2008).

2.6 Meaning Management Theory

Meaning Management Theory (MMT) refers to how humans manage meaning-making, meaning-seeking and meaning reconstruction in order for survival and the ability to grow. Its main focus is on acceptance and self-regulation of an individual's inner life e.g. consciousness. There are two main psychological tasks 1) to protect one's self against the fears of death, to manage death anxieties and 2) to live a meaningful life, to manage acceptance of death.

MMT's roots are founded in existential-humanistic theories and incorporating cognitive-behavioural processes. Existentialism is a philosophical approach about finding self and meaning of life through personal responsibility, free will and choice. Kierkegaard (1813-1855) was the first modern philosopher who wrote about existentialism. Kierkegaard believed people are unique as man had an awareness of not only of what he is, but also what he may become. Kierkegaard had a belief in religion and that existence also included transcending towards God. Nietzsche (1844-1900) had a similar outlook but he did not have a belief in transcendence towards a God. Sartre's (1905-1980) existentialism's focus was on the 'what' and

'how' instead of the 'why' of human reality. Heidegger's (1889-1976) concept was being in the world, meaning that the person and the world they live in are one, and as such cannot exist apart. Husserl (1859-1938) believed that a person should engage consciously with each and every event or situation experienced. Viktor Frankl (1905-1997), believed that despite the suffering of adversities, the individual can find meaning in their life.

The humanist approach is a psychological perspective that considers all people are inherently good. There tends to be a more optimistic approach to human nature. The focus of the humanistic approach is that people are responsible for their lives and have the freedom to change their attitudes and behaviours. Abraham Maslow (1908-1970) and Carl Rogers (1902-1987) are considered the main theorists of humanistic psychology. Maslow created the hierarchy of needs as he believed that humans would strive for self-actualisation (full potential) when all basic needs have been met. Carl Rogers proposed a theory called person-centred theory where he believed that the self-concept was important to an individual's personality. The self-concepts include a person's thoughts, feelings and beliefs they have of themselves.

By using the understanding that a person can be responsible for determining their own behaviour and development, that people are unique and can change their attitudes and be responsible for their own lives, forms the basis of Meaning Management Theory.

MMT posits if an individual wants a more meaningful life they might focus on positivity and personal growth rather than the defence mechanism described earlier in this chapter under TMT. The best way a person can reduce their anxieties of death is to facilitate death acceptance. MMT recognises the importance of having defence mechanisms but by having a more meaningful life will help protect against the fears of death. It is a conceptual framework on how to enable the acceptance of death and to live a more meaningful life; as a way to deal with death anxieties. MMT predicts that the inclusion of spiritual values and beliefs may protect against fear of death and help with death acceptance (e.g. Harding, Flannelly, Weaver & Costa, 2005 found that belief in God's existence and belief in the afterlife were positively correlated with death acceptance). MMT predicts that a sense of meaning and purpose can, not only, protect against the fear of death but also help more towards wellbeing than other psychological structures such as internal control and self-efficacy (see Wong, 1993, 2005, 2006; Emmons, 1992, 1997). MMT also predicts the distress and struggles that people may face make some people look for meaning in their lives, and that meaning is essential for hope and happiness despite any pain they may be suffering (Frankl, 1984). It can allow individuals to embrace life more fully no matter what their circumstances. It is about living life despite what adversities or traumatic events are faced (Frankl, 1984). By living fully it can enhance relationships with others, enhance sense of self and wellbeing (Wong 2008).

2.7 Conclusion

From the discussion of TMT and MMT it can be seen TMT's focus is mainly on denial and has a more negative aspect, whereas MMT's focus is mainly on acceptance and has a more positive aspect. Having an awareness of mortality may cause individuals to improve their health, prioritise their goals and foster open-mindedness. When investigating death, there needs to be a holistic approach. These theories are not in competition with each other. Life is not all denial or all acceptances; it is a mixture of both. These theories complement each other. Having a fear of death does not necessarily mean the automatic use of defences. For some having a little fear can encourage them to make the most of their lives.

Chapter 3 Methodology

3.1 Design

A qualitative design was used to gain an understanding of individual's perspective to death and dying. Semi-structured interviews were utilised to explore the participants' perspective towards death and dying. The use of interviews acknowledges the diversity of the human experiences and their meanings. It allows for the exploration of the subject matter which could provide important information about human behaviour, perspective and feelings (Holsteing & Gubrium, 1995; Arksey & Knight, 1999; Patton, 2002; Braun & Clarke, 2013, Forrester, 2010; Creswell, 2013).

3.2 Participants

The researcher used purposive and convenience sampling to recruit the participants. Purposive sampling was used as selected individuals were based on specific characteristics (e.g. age, occupation) that may provide information rich data (Etikan, Musa & Alkassim, 2016). Participants were selected from a broad spectrum, from young adults to older adults, in order to explore if age had an effect on perspectives; to people with palliative care experience, to those with none, to explore if seeing death daily affected an individual's perspective towards death and dying. The aim was to achieve a greater understanding of the topic from different perspective (Etikan, Musa & Alkassim, 2016). Final year psychology students approached me to be part of their dissertation project. When they asked about my own study they expressed an interest to be participants, therefore convenience sampling was used as the students would cover the young adult part of the age spectrum (Etikan, Musa

& Alkassim, 2016). The sample size for this study was nine ($N=9$). There were seven women and two men with ages ranging from 21 to 81.

3.3 Procedure

Ethical approval was obtained from the Research Centre for Applied Psychology (RCAP), at the University of Bedfordshire. The ethical code from the British Psychological Society (BPS) was strictly adhered to throughout the study. The Code of Ethics and Conduct is for all members of the society to guide day-to-day professional conduct (BPS, 2018).

Qualitative data was collected from nine participants via one-to-one semi-structured interviews, allowing for a specific insight into the subject of individual's perspective towards death and dying. Interviews were conducted at either the University of Bedfordshire's psychology department, the researcher's own home or at the participant's home. For the interviews conducted within the home environment a 'buddy' system was adopted (Social Research Association, 2018; Boynton, 2005). A call was made prior to the start of the interview to my partner and an email sent to the Director of Studies (DoS). I agreed a deadline by which they would contact both partner and DoS once the interview was over. If the deadline passed my partner would contact me on my mobile. This would be repeated once more after 10 minutes. If the second call is not answered my partner would go to the interview location. All interviews were digitally recorded with the permission of the participants.

Prior to the commencement of the interview the participant was asked to read the Information Sheet (see Appendix A) which outlined the purpose of the study, along with a demographic form (See Appendix B). The demographic form was completed as it enabled the researcher to determine if the participants were representative of the sample sought to investigate perspectives towards death and dying, allowing for the capture of any differences that may occur due to age or occupation. Participants were informed that the study was investigating individual's perspective towards death and dying, and they would be asked a number of questions on the subject. The information sheet provided assurance to the participants that their participation was voluntary, anonymous and any material shared would remain confidential. Participants were also informed they had the right to terminate their participation at any time, up until the point of analysis, without reason or consequence.

Participants were advised the interview would be recorded and if at any point during the interview, participants felt any distress the interview would be terminated if they wished to do so. Participants were also given the opportunity to ask any questions regarding the study and their participation. Participants were informed the interview would be recorded on a digital recorder and transcribed verbatim for accuracy, and all data would be stored securely on a password protected laptop. Participants were then asked to sign a Consent form (see Appendix C) indicating they were prepared to take part in the study and they had understood the information sheet, and the demographic form. To protect the participant's anonymity and confidentiality they were asked to provide a pseudonym. After the interview participants were thanked for their participation and advised to contact the researcher if they had any further queries or concerns, or wished to withdraw from the study. Participants were also

provided with a Debrief Form (see Appendix D), which again explained the purpose of the study and provided direction to sources of help should the study have brought to light any personal issues they may require support with.

The interview schedule involved a funnelling approach (Guba & Lincoln, 1981). Participants were initially asked general questions about their views of death and dying for example, “What do you find interesting about death and dying?”, “How do you think other people view death?” It then moved to more focused questions on their views of their own death, for example, “How ideally would you like to die”, “How would you want to be handled after you die?” (see Appendix E for full interview schedule). Such an approach identifies which aspects of death and dying were spontaneously mentioned by participants themselves before specific questioning later in the interview (Cinnirella & Loewenthal, 1999).

Transcription of the interview was completed by a Third Party and a confidentiality agreement was signed (see Appendix F). Once the transcripts were received, I carefully listened to the interviews whilst reading the transcripts, to check for accuracy and nuances in tone/pauses, making annotations and corrections. The interviews lasted between 35 minutes to 130 minutes. Participants were sent copies of the transcription of their interview for their comments and confirmation they are happy to have the material quoted in the findings of the study.

3.4 Analytical approach

3.4.1 Phenomenology

Phenomenology is a philosophical concept which is used in psychology. It is based on Edmund Husserl's work, which was then further developed by Martin Heidegger (Langdridge, 2007; van Manen 1998; Moustakas, 1994). Phenomenological philosophy reasons that a person (subject) cannot be removed from the real world (object). The subject and object are interconnected by the individual's perception of the real world. It further notes that the individual's perception may alter depending on surrounding contexts and their emotions. Each individual will see the world in a different way and have different meanings for their experiences. Using a phenomenological method will help clarify an individual's lived world on a subjective matter, e.g. perspectives towards death and dying and how meaning making could inform a person's attitude towards death and dying.

Early twentieth century saw German philosopher Edmund Husserl disagree with the idea that only objective knowledge was credible. He believed in order to understand how the individual engages with the world, it is fundamental to gain a subjective understanding of the individuals lived experience. He suggested people should focus on each event or situation in its own right and to not fit these things into any pre-categorisations that the individual may have created. He believed the individual should fully engage consciously on each event or situation (Husserl, 1999; Langdridge, 2007; Smith, Flowers & Larkin, 2012; Rodriguez & Smith, 2018).

German philosopher, Martin Heidegger, developed his understanding of phenomenology as a student of Husserl. Heidegger's philosophical stance diverged from Husserl's transcendental phenomenology and set out the start of hermeneutic and existential phenomenological philosophy. Heidegger believed how an individual relates to the world underpins the understanding and interpretation of their experience (Heidegger, 2010). Heidegger's phenomenology focused on the person as a whole, including the culture and social circumstances. He believed that social and economic factors would influence how the individual would relate to their world, their intentionality and the way meaning is constructed (Heidegger, 2010).

3.4.2 The Phenomenological concept of meaning

Intentionality is fundamental to the philosophy of phenomenology. In phenomenology intentionality does not mean how an individual intends to do something, but instead having the intention to be conscious of their surroundings. Husserl also introduced the concepts of noesis, noema and epoché. Noesis and noema refer to meanings. Noesis is the way in which something is experienced e.g. the act of feeling or thinking. Noema is the way in which the something is experienced. The relationship between the two is impossible to separate (Langdrige, 2007, Moustakas, 1994). Husserl suggests an individual will notice an object (i.e. the real world, the thing being observed) and would then give meaning to that object, giving it some form of personal meaning. By doing this an individual brings their conscious awareness (intentionality) into the experience therefore developing a noematic interpretation. Epoché is understood to be the process by which a researcher aims to set aside (bracketing) any preconceived ideas they may have on the subject being

investigated (Langdridge, 2007; Moustakas, 1994). Heidegger disagreed with this concept. He believed individuals could not be separated from their lived worlds, therefore making bracketing impossible. Every person sees their world differently, as they have been shaped by their culture, and social interactions (Heidegger, 2010).

3.4.3 Interpretative Phenomenological Analysis

Interpretive Phenomenological Analysis (IPA) is founded on the phenomenological philosophy of Husserl (1999), and draws upon the existential theories of Heidegger (2010). Both together provide an understanding of an individual's lived experience (Smith, 2004). IPA is a mixture of phenomenological and hermeneutic insights. It is phenomenological as it tries to get as close to the individuals lived experience, but at the same time, recognising this becomes an interpretive undertaking for both the participant and the researcher (Smith, Flowers & Larkin, 2012). Hermeneutics is the philosophy and the practice of interpretation of written, verbal and non-verbal communications and semiotics with the aim to understand the individual's lived experience (Smith, Flowers & Larkin, 2012; Forrester, 2010).

IPA involves a high volume of descriptions of an individual's lived experiences. It takes into account the individual's culture, their core beliefs and their worldly views. IPA is a method used for not only describing an individual's experience but, it espouses an interpretive approach with the aim to better understand the individual's perspective of their lived world (Smith, Flowers & Larkin, 2012). Combining both the participants lived experiences and the researcher's own interpretation can provide a

much deeper understanding of the individual's phenomenological world. Within IPA the researcher and the participant are considered as co-participants, and as such the researcher's phenomenology may influence the interpretation of the participants' lived experiences of death and dying. Therefore, the researcher's phenomenology needs to be transparent and is acknowledged in 3.5.

Due to IPA's immersive nature, it is recommended that the researcher focus on a few idiographic accounts providing rich, detailed interpretations of the subject matter (Smith, Flowers & Larkin, 2012). It has been suggested that a sample size of between 3 to 6 participants is considered adequate for most student studies (Smith, Flowers & Larkin, 2012). Therefore, the sample size of this study is deemed as an optimal number of participants, providing appropriate data to develop meaningful points of similarity and difference between the participants.

IPA allows for the experience to be expressed in the participants' own terms, exploring their personal perspective and meaning. There is an idiographic focus, offering an insight into how a participant, in a certain context, makes sense of the phenomenon, starting with a detailed examination of each case before moving to more general claims (Smith, Flowers & Larkin, 2012).

Before identifying IPA as the most appropriate analysis for the aims of the study, several qualitative analysis methodologies were evaluated for their suitability to meet

the aims of this study. IPA was found to be the most suitable for the following reasons:

- I. Narrative analysis and IPA are similar in that they both produce valuable knowledge of an individual's life experience or event. Narratives are a way to understand and explain participants experience or events that have occurred in their lives. It can give an account of their behaviour and reveal how the individuals see themselves. It can also provide an insight into the participant's social and cultural identities. Narratives are the stories people tell about themselves and their world. They can provide insights into cultural, social and experiential influences. However this study is concerned with gaining an understanding of what meanings people attached to death and dying and as such, using narrative analysis would not be suitable as a narrative study would shed light on the participant's identity and how they see themselves and not the meanings attached to their lived experiences or events. IPA's combination of phenomenological and hermeneutic insights would highlight how the individual perceives their own world rather than the social or cultural world of the participants.
- II. Discourse analysis and IPA both acknowledge the participant as an active agent, with discourse concentrating on the actual words used rather than the subjective meaning of the words. In discourse analysis the focus is on the dialogue and patterns of what is said. Its focus is scrutinising the way individuals construct events by analysing the language that is used be that in writing, speech, symbols, or intonations etc. It looks at the interaction of

the words rather than the content of what is being said without inferring subjective meaning of the participants lived experiences. Discourse Analysis would be unsuitable for this study as it does not take into account the individual's perspective and meaning of their lived world.

- III. Grounded theory (GT) is concerned more with the building of a theoretical model from the data. It has been suggested that GT tends to have a positivist epistemology and that it does not take into account the researchers phenomenology. GT has sociological roots, making its emphasis on understanding social processes, which may limit its applicability to the study of more phenomenological research questions, as is the case in this study. This study is exploring peoples' attitudes towards death and dying, to understand how their attitudes to death influence their meaning to life. No new theory is being created, just an understanding of a subject from the participant's lived world. However, IPA aids identification of any underlying judgements, expectations and emotions in the participants' account of death and dying, and the researcher's phenomenology is acknowledged as part of the research process.

3.5 Reflexivity

In order to enhance the rigour and reliability of this study, I used the strategy of reflexivity (Darawsheh, 2014).

IPA differs to other qualitative methods as it acknowledges the conclusions coming from the study are formed between the participant and the researcher. It is essential that I am aware of the part they play within the interpretation of the data. This involves me reflecting on my own personal perspective, the interpretation of the data along with my own demographic background (Langdridge, 2007). As such I am not detached from the research, but immersed fully into it (Attia & Edge, 2017). Each interaction with the participant is unique; therefore, I need to have an awareness of my own personal reactions within the participant/researcher relationship, and how these may influence my unconscious reactions to what the participants are sharing (Finlay, 2002). As such, I become an integral part of the study and I take the responsibility for the interpretation and contribution of the co-construction of meanings (Etherington, 2004). I must be aware of my own beliefs, worldviews, thoughts, feelings, prejudices and values (Berger, 2015). Therefore my perspective needs to be transparent, and this is done by disclosing my phenomenological perspective.

3.5.1 My phenomenological perspective.

Before returning to education as a mature student, I had experienced many forms of loss; loss of career, loss of children and the loss of possible futures. From these losses I found my perspective towards death and dying changed. I took the decision to undertake a major career change and began working within the care industry, specifically as a palliative carer. My job involved visiting people at home and supporting the patient (who wanted to die at home) and their family through the process. Upon reflection I found this job reinforced my way of living. Death no longer

scared me. I was able to discuss the subject of death easily, without feeling any anxiety. The lessening of my anxiety came about as I saw death on a daily basis. I saw death as a natural part of life. I came to the realisation that I could do nothing to change the inevitable. Death did not discriminate between young or old and this made me understand that I should make the most of the here and now. I began to enjoy what was around me and not really worry too much about what the future may hold for me. During my time as a palliative support worker I became aware how the majority of people around me could not discuss death. I was able to see how people interacted with each other on matters of death in a new way. I could see people feeling very awkward when talking to someone who had a loss. People behaved differently when death was part of the conversation. Death is something that I do not fear; it is a part of my life. That does not mean I want to die right now, but rather I understand and accept it will happen at some point, but until then, I am enjoying every moment I have.

I had seen death take people of all ages, cultures and religions. Death does not discriminate; it is inevitable. However, as much as I loved this job I felt I wanted to do more. I had seen many different reactions to death within my job and it made me think about people's behaviours and why they react the way they do. It was this need to understand that took me to the University of Bedfordshire to study Psychology. It was during my time at the university I found a passion for research. I wanted to understand the cognitive processes and behaviours of people. What causes different individuals to react to similar situations in completely different and contrasting ways?

I wanted to understand individual's lived experience towards death and dying, in order to find a way to get people to start talking about death. Could it be possible to

make death a normal everyday topic? Could there be an educational tool or intervention that could be created to help people to understand that talking about death should not be avoided?

3.6 Analysis

Qualitative analysis involves understanding and discussing the data descriptively, whereas in IPA it is an interpretive methodology with the aim to make sense of a person's lived experience. It also recognises the researcher's part in the interpretation (Laverty, 2003; Smith, Flowers & Larkin, 2012). A hermeneutic process (interpretation of the participant's written, verbal and non-verbal communication) was used to elicit an in-depth understanding of the individual's experience, with the aim to identify unique meanings that the participant has made on their experience (Thiselton, 2009; van Man, 1998; Kafle, 2011).

3.6.1 Familiarising myself with the data.

I did this by listening to the recordings and re-reading the transcripts several times, making notes of anything which was interesting or something that could be seen as important to the participant's story. Re-listening to the interviews allowed me to pick up on any changes in emphasis or tone of voice being made by the participant that may have been previously missed during the initial interview.

3.6.2 Hermeneutic Cycles

The first hermeneutic cycle entailed reading and rereading the transcript, along with listening to the interview. This allowed me to fully immerse myself into the content of the interview. Each cycle had a left and right hermeneutic. The left hermeneutic is the data gained from paraphrasing, considering any associations and connections, the suggestion of interpretation and the highlighting of specific words. The right hermeneutic is the condensing of the left hermeneutic to concise words or phrases (Braun & Clarke, 2013; Smith, Flowers & Larkin, 2012). However, I found it easier to create two right hand columns, the first equates to the left hermeneutic and the second equates to the right hermeneutic (See Appendix G).

Each transcript was examined in detail, interpreting phrases and meanings of words, line by line with descriptive summaries of what the participant has said. The left hermeneutic created a large volume of annotations identifying what issues have been raised, what feelings have been expressed, what they mean and how they help to gain an understanding of the person's perspective towards death and dying. This involved trying to capture the core of the participant's thoughts and comments by identifying key words or phrases (Smith, Flowers & Larkin, 2012). This hermeneutic cycle was repeated again following a few weeks break, with an awareness that my noesis and noema can change with time. Many of the themes from the first cycle were repeated. Following a break of several months a third hermeneutic cycle was undertaken to re-familiarise myself with the data. This allowed me to establish if my intentionality remained similar. From this, a final hermeneutic cycle was undertaken

in preparation for writing the Findings chapter, where small adjustments were made to the themes.

3.6.3 Collation of subordinate and superordinate themes.

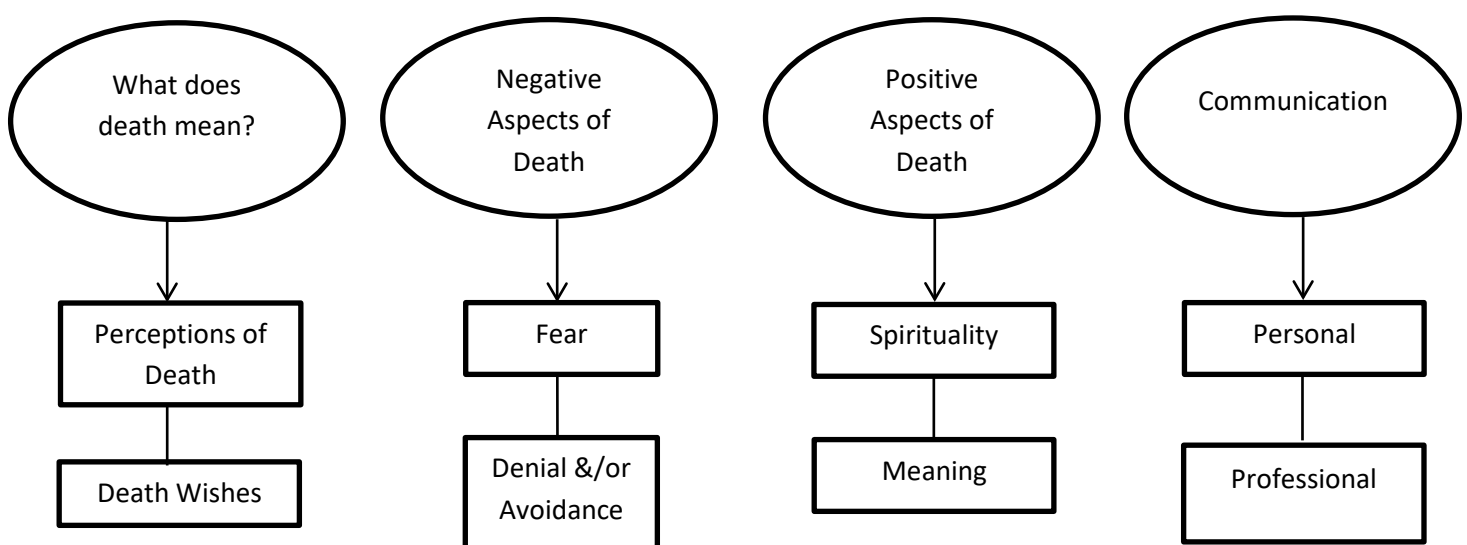
This phase of the analysis involved amalgamating the themes found in the right hermeneutic. For each individual transcript, notes were used for each theme and pinned to a board to provide me with a visual representation. This allowed me to see any links, amalgamations or divergences amongst the themes (Smith, Flower & Larkins, 2012). Once all transcripts had gone through this process, the information was transferred to a table (See Appendix H), where the themes were re-evaluated, as there appeared to be overlap. These themes were compiled into subordinate themes which were representative of the whole data set (see Appendix I). From this, the subordinate themes were evaluated across the data set and condensed together to create super-ordinate themes which encompassed the participants' perspectives towards death and dying (See Appendix J). Four superordinate themes were identified encompassing the phenomenological experience of the participants in this study. The themes are 1) What does Death Mean, 2) Negative Aspects of Death, 3) Positive Aspects of Death, 4) Communication, and will be discussed in Chapter 4.

Chapter 4 – Findings of Interview Transcripts

4.1 Introduction to Chapter 4

Qualitative analysis is generally considered to involve perceiving and discussing the data descriptively. However, IPA adopts a different approach as the interpretation of the data is also informed by the researcher's subjective lens; IPA embraces the human contribution (Smith, Flowers & Larkin, 2012). Each transcript was analysed separately to generate an understanding of the participants' experience, and to fully interpret the complexity and the detailed information provided by the participants (Smith, Flowers & Larkin, 2013). Several hermeneutic cycles were undertaken over a number of months. A number of subordinate themes were created and these were further analysed to identify common links and divergences (Langridge, 2007), to create superordinate themes. The themes identified from the IPA represented the participants' attitudes towards death and dying. See Figure 1 for the superordinate and subordinate themes.

Figure 1 – Superordinate and Subordinate Themes



Eight of the participants interviewed had an experience of a death of someone close, some had the experiences at a young age and others had experienced many forms of death on a day to day basis as part of their working life (See Appendix K). For one their only experience was the death of a pet. For many a pet is considered part of the family and for this study I took this stance as research has shown symptoms of loss and grief following a pet death is similar to symptoms of grief for a human death (Archer & Winchester, 1994; Gerwolls & Labott, 1994, Wrobel & Dye, 2003; Brown & Symons, 2016; Eckerd, Barnet & Jett-Dias, 2016).

4.2 Superordinate Theme 1 – What does death mean?

This superordinate theme encompasses not only the participant's perceptions of death and dying and how they view their own death, but also how they perceive society's view of death and dying. The subordinate themes include 'Perceptions of death' and 'Death Wishes'. These subordinate themes reflected perceptions that participants have of death and dying, along with the perceptions that media has made perspectives to death more unrealistic and frightening.

4.2.1 Perceptions of death

All of the participants felt that death as a subject is feared by most of the general public, as it is a subject that appears to be too upsetting and frightening.

"In general, prefer not to talk about it. Not terribly comfortable with it... it depends, without putting too fine a point on it...the more educated people are the more comfortable they are talking about it as a rule.... it doesn't get talked about until right at the end and then when people wished that they'd talked about it earlier. So, it's something that everybody knows they should talk about but nobody ever acknowledges that." Maya

Maya takes it a step further by saying that the intelligence of the individual could mean they are more prepared to discuss the matter. The perception is that intelligent people may have more capacity for self-awareness and have more emotional knowledge to deal with the subject of death and dying; however this may not be the case for all people. Maya also believes that death is not talked about until it is too late. Working in palliative care may have given Maya an insight into how people react to death towards the end. She has seen that people had regrets that they did not talk about death and wished that they had been able to discuss it before this point in their lives. Aryi also agreed with this viewpoint and felt that *“the average person”* would not experience death very often in this day and age, inferring that as a society today, death feels like it is hidden away. She felt that individuals compartmentalised death and dying and believed that death was reserved only for the old or for certain types of people e.g. those with a terminal illness. The perception for Aryi, Moet and Maya is that death and dying is seen as unacceptable, something to be avoided. It is also believed that talking about death and dying can depend on the individual’s experience of death and how open minded an individual can be. When I asked Maya if there are any ways to change society’s negative aspect of death she said:

“I don’t know how it could change because it’s so embedded in this culture that you don’t talk about it”. Maya

Her belief is that is that the fear and denial is so fixed into culture that nothing could be done to change it. For one participant death was the worst thing that could not happen to someone.

“Death... not the worst thing that can happen to you, there’s worse things that will happen to you like...A broken heart”. Queen.

This was very interesting as she felt that a broken heart was a much more devastating situation to deal with than dying. She had seen someone experience a broken heart and there is a sense that she believed this caused the person to have no purpose in life, leaving them with no direction or sense of fulfilment and to her that was a fate worse than death. This gave me the feeling that she does not worry about death because she has made her peace with it. She talked about her faith and how death is seen as a happy event because she would be spending eternity with God.

Some participants felt age could affect how death is perceived. For example, Maya felt that as a person gets older they appear to have a form of acceptance that death is going to happen:

“Older in-laws they talk about it quite freely...will quite happily say “well, I’ll be dead soon” and they really seem to have dealt with it”. Maya

Here Maya talked about her in-laws and how they appear to be open to discussion about death, but had they? There may be some hesitation as they appear to be slightly flippant with their remark. As she mentioned earlier in the interview she does feel that the level of intelligence appears to have a factor as to why they are able to have these discussions. The inference here is that as a person gets older they appear to be more accepting of death. However, this may not be true for all people.

Another interesting perception the participants have of death is that of how the media affects people’s attitudes. The majority of the participants believed that the media may have aided the overall feeling that death is scary, and that it does not portray the truth about death. Queen, for example stated that the media uses fear to scare

people and Aryi felt that media does not incorporate dying into living, and Maya believes the media over sensationalises death:

"every time she put the telly on there's Jade Goody with her pain killing lozenge...because it was for money, that's how I perceive it...there wasn't any dignity in it....but that's a reflection of our society, it's just all about money and consumerism, getting as much as you can at the expense of everybody else in a lot of cases". Maya

There is a real sense that Maya was annoyed with the way this was portrayed in the media. She felt that it could have been handled better, with more dignity. There is a feeling that she is resigned to the way the world feels at the moment, that people do not appear to value people any more, which could be why she thinks that people's attitudes cannot be changed.

In today's society death can be seen every day in books, games and on TV which may make death feel unreal. It is this unrealistic perception of what death looks like which may cause society to adopt a more negative perspective towards death and dying. People may believe that it could be possible to beat death in some way, thinking that it is not going to happen. As seen through an experience Moet had with family watching a film called 'Me before You'. The quote illustrates how Moet and her family saw the same film but in completely different ways.

"...saw it from a completely different viewpoint. I thought "wow", that's really an amazing thing to do to still go and be by his side, to try and change things to have created all these amazing memories but actually to still fulfil somebody's wish". Moet

She implied having a positive view of the film, but her family found it extremely sad. She viewed the film as having a great ending for the person who was dying. She saw that person fulfil wishes and live the life they wanted to lead before ending his life because of health. As Moet works in palliative care, as does Maya and Aryi, it could infer they may have a different way of looking at life. Each person's phenomenology

is unique to that person as it is their lived experience. For Moet her interpretation of the film as being positive may have been influenced by her surrounding contexts, such as working with death and dying on a regular basis, and understanding that life is finite.

Perspectives towards death appear to have changed over time for four of the participants. Tracey and Queen both believe that people of their age group, in general, do not think about death as they perceive it as being too far away. However, Tracey did say she was frightened of death when she was younger and the fear stemmed from not knowing what happens after death.

"I was young, maybe like 13...Just what's gonna happen next...I think that kind of scared me and I think it's the thought of "I'm not ready to go, I don't want to go". Tracey

When talking there was a sense of hesitation, despite the fact that she does have faith and believes in life after death. There is a feeling that she may have been talking about her past but it felt as if she was actually talking about how she is feeling now. She found her attitude changed as she invested more time into her faith, along with the death of a loved one which made her realise that death could happen at any point. Queen also has awareness that she may well change her mind as she gets older. She readily admits that because she is so young that may be a factor as to why she is not scared. Queen mentioned that death could become more *"nerve wracking"* as she gets older, and the fact she thinks she is going to be 100 before she dies could infer that she is not completely comfortable with the thought of her own death. Which is a little different to what she said earlier when she mentioned heartbreak is worse than death. Mockingbird, on the other hand felt she was not scared in her youth of death and dying but as she has become older she has

become scared of it. This contradicts what Maya said earlier that older people are more accepting of death. However, this could be explained as research has shown that levels of death anxiety peak again for women in their 50's (Russac, Gatliff, Reece & Spottswood, 2007). Whereas Laker is very matter of fact about his attitude towards death, and that his attitude had not changed over the years.

"There is nothing you can do about it...You face it when it comes....it is inevitable".

Laker

Laker's perspective, I speculate, stems from the near death experiences he had as child living through the war. Seeing death around during the blitz and being trapped following a bombing, he realised and understood that death could happen at any point. He carried this perspective throughout his life and has been able to deal empathically with deaths of close friends.

4.2.2 Death Wishes

When asked about their own death some of the participants felt awkward, some took time to think about how they would like to die. Some had never even given it a thought until I asked them, and when it comes to the type of funeral it was split quite evenly between cremations, burial and the survivors to decide. The one thing that everybody agreed with was to have a pain-free death; to die peacefully. A majority of the participants felt they did not want a quick or sudden death and that they wanted to die at an old age. Two of the participants felt that they only wanted to die once they had achieved everything they wanted in life. Both Tracey and Queen felt they are too young to think about what they wanted at their funeral and any final wishes:

"No I haven't thought of that.... I don't think about death now... once I'm older...I will...I think older coz I'm not thinking of dying now". Tracey

"No, I've never thought that far ahead". Queen

There is a sense of naivety when discussing thoughts of final wishes. As they are young they had a belief that death is too far away for them to even start thinking about this matter. Having this belief may have made it easier for them not to fear death. However, when they took some time to think they did start to come up with ideas for their funeral. One wanted a cheerful funeral that would match who she is in life, and for people to celebrate her life, and the burial would allow her family members to have a place to which they could visit, knowing that she is still there with them. When the other participant began to think about it, she said if she died now she would want a funeral to be similar to the ones she had attended. Moet and Dave, on the other hand, as far as they were concerned they were dead so leave it to the family. However, Dave answered the question with the use of humour:

"I've joked about it with a few people. I mask sort of pain and insecurity with humour and so I've always said to them, if I was asked how I want to die I would say ;obviously, I want to be cremated and you'd have to carry me around with you everywhere'. That would be my demand". Dave

This gave me a sense that he may have been uncomfortable with the idea of having to choose cremation or burial. It brings up the question as to why Dave and Moet are not able to decide. It could be inferred that by not making the decisions about what they want could mean a small unconscious fear of death. Maya also had not given much thought to her final wishes. When asked if people knew what she wanted she replied by saying *"no one's ever asked"* which is strange as previously she felt that as a society we do not talk about death enough, yet she is doing just that, not talking about death. Whereas Mockingbird definitely wanted to be cremated as she said *"I don't want to be lying in the ground with all worms in me and a sludgy mess"*

Mockingbird has stated that she fears death and part of that fear could stem from knowing that the body will decompose.

4.3 Superordinate Theme 2 – Negative Aspects of Death

This theme encompasses various aspects of the negativity of death. The subordinate themes are 'Fear' and 'Denial/Avoidance'. These themes will cover how some people had a fear when younger, and how fear of death is impacting on everyday life. Also the use of euphemisms as an avoidance method, how some people have issues with letting go of their loved ones and clearing ones conscience may be done because of a person's fear of the unknown.

4.3.1 Fear

Participant's fears of death and dying manifested themselves in many different ways. Some of the participants discussed the fact that they were fearful of death at a young age.

"I remember being about 7 and suddenly realising...I was alone and I suddenly realised that one day I would die and I was absolutely terrified. Just for a few minutes, it just hit me and I thought "oh God", you know, "one day I will die" and I must have just put it in a box and moved on from it. But I always remember that moment, that realisation". Maya

As can be seen, Maya had an early experience which appeared that she was frightened of death. The event did happen at night, in the dark, when most children of that age can be frightened of the dark and silence of night time. What is interesting is that she appeared to compartmentalise it and pushed it away. She used "*must have*" suggesting that she is using how she feels today and transposing it onto that

memory. She also mentioned she *“moved on from it”*, how did she do this? I felt that she just hid it away and ignored the feelings. There was no mention that she discussed her feelings with her parents. It must have been a strong emotion for her to remember it so well today. Maya goes on to say her fear is not that of death but more of becoming incapacitated in some form. On the other hand Dorathea did not appear to have major fears of death, but she was more afraid of the dying process. Queen also had a fear of death when she was younger:

“I was terrified of death... like don’t talk to me about it... why do you want to talk to me about something like that? Queen

Her fear was that of ghosts and once a person dies they become bones and that is it. Her idea of death at a young age was that you came back as ghosts and as a child ghosts are made out to be frightening, and she wanted to deny the fact that it could happen to her. She did not want to come back as a ghost and visit people, as she said *“if I’m gone I just want to be gone”*. Dave however said he was not afraid of his own death, but he was more terrified of the death of his loved ones *“People close to me I’m terrified of losing”* He would rather die than have any member of his family die. He felt that his fear for the death of his loved ones only surfaced following the death of his pet. Tracey on the other hand has faith and believes that you go onto a better place; however from what she discussed there is a feeling of indecision in what she believes:

“I’m a Christian and I believe that there is life after death but what is it like? You hear stories...a spirit comes when you die a spirit comes up and then you see your body and then you kind of go up into the sky and then you kind of see certain things so, I’m kind of interested to know what happens...What do you see in hell, what do you see in heaven? Like there’s more to just angels and demons, there must be something else”. Tracey

Here Tracey is talking about her faith and what happens after. She appears to be questioning what actually happens as she has many questions about what it would

be like, what would she see, what do you seen in heaven or hell. Clearly she believes that there is a heaven and hell and that people will go to one or the other. She talks about this being the standard Christian belief but there is a small sense that she does not know fully believe that is all there is to it. She has researched the topic of near death experiences, and there is a sense that she is doing this because she may have a slight fear of death despite the fact that she has a faith and believes in some form of afterlife. She goes on further and says:

"But I just think "am I doing enough?" because sometimes I do make mistakes and, you know, they haven't gone well so...I'm human...So... am I gonna make it? I'm praying that I make it.....I'm hoping to." Tracey

At this point I got a sense of doubt from Tracey. There was a feeling that she is going to be judged by her mistakes and there appears to be a worry that she may not make it into heaven. There is a fear that she is not doing enough to justify her place in heaven therefore it could be suggested that there is small underlying fear of death and what happens after. Mockingbird, on the other hand, admitted that she has a fear of death.

"... as I've got older and I think maybe as I've lost more people it's something I've become quite scared". Mockingbird

She talked about the fact that she did not have this fear when she was younger. Her fear has only grown as she had loved ones die and she has got older, making her feel that death is closer now. She talks of death being final, yet she does have a belief that there is something else. She does not know what, as she has no faith or religion, but feels there is some form of afterlife. There is a sense that she does not want to talk openly about her fears. What was interesting was that her fear of death appears to be impacting on the way she lives her life, as seen in the following extract:

“we’ll go here, I’ll drive... all of a sudden it flashes through my head “what if the car crashes, what if she doesn’t drive safely enough?” and it just comes into my head...I have to dismiss it...all this stuff going on in London...I worked in London for ten years or more, never worried at all but now you think...”suppose something happens?” and with all these different things going on... or like you maybe want to go abroad but I think “oh, I don’t want to go because something might happen”. Mockingbird

Here she talks about going out with her friend but immediately ‘what ifs’ start coming to mind and she has to consciously dismiss them otherwise I felt that she would actually cancel her trip in the car with her friend. The events she alludes to are the terrorist attacks in London 2017. She talked about how she used to travel to London for work every day, and she never worried that something would happen to her but now the fear that she may die if she visits London has stopped her from visiting the city. She even takes it as far as the fear of death has stopped her from going abroad. She went on to talk about her brother’s wedding and how she made the excuse that her dog was not well so that she did not have to travel. The fear of death appears to be so intense that it is beginning to cripple her life in the sense of venturing out into the world. As mentioned earlier in 4.2.1 the media coverage of the various terrorist attacks over the last few years, in great detail, may have made Mockingbird even more fearful of her dying if she goes anywhere. There is a strong sense that Mockingbird is anxious when talking about death. She has a fear that by talking about it death will hasten. From what she said previously in the interview the reason she felt so uncomfortable talking about death is that as she was growing up her family never discussed things that happen in life such as marriage, relationships or personal matters. She felt that this could be why she does not like to discuss death.

4.3.2 Denial/Avoidance

A number of the participants talked about their experiences of death and from this it could be seen that they had a struggle to let go of their dying loved ones. Dave, for example, talked about his experience of the death of his dog. He found that a year on from the death he was still struggling to let go.

"They're so much a part of the family.....so integrated and once they are not there it's such an empty gap in your life that I really want to fill again with another dog... I still need time to sort of get over the idea that I'm replacing him so I need time to actually realise that he's...." Dave

Dave feels empty without his dog; he talked about how much he was part of the family, even referred to him as his *"baby brother"*. He does not want another dog at the moment as he feels the new dog would be a replacement. He felt that if he let go he is being unfaithful to his pet. There was a sense that he felt incomplete following the death of his pet, a part of him died when his dog died. It felt that he was still in slight denial of the situation, as he was unable to use the word 'died', instead he did not finish the sentence, giving me the impression that he was still coming to terms with the death. When Mockingbird talked about her Mum's death it could be seen that she struggled to let go of items belonging to her mum. It was not just letting go of possessions, she could not let family go either.

"He was in critical care...consultant...said he's got about a 2% chance of survival....I thought "if he's got that 2% chance, it's a chance", if they'd said "he's got no chance" but they said "he's got 2%" so I thought "he's got that 2% chance". Mockingbird

Mockingbird is holding onto a 2% chance that her step-father would survive the operation. Holding onto such a small percentage suggests that she has a very strong fear of letting go and a denial of the situation that her step father was in. There was a sense, when talking to Mockingbird, that she has a strong fear of death. The fear of

losing loved ones is something that she struggles to come to terms with. As she continued with her narrative she mentioned that the nurses had to show her the condition of her step-father's skin. This was to prove that he was dying and that by switching off the respirator would mean he would have a peaceful death. It took until this point for her to believe that there was no chance of recovery and was then able to give permission to switch the machine off.

The one thing that was noticeable throughout quite a number of the interviews was the use of euphemisms when talking about death. It could be suggested that euphemisms are being used as an avoidance method to not face death. Research has shown that society has a large number of euphemisms for death and dying, but care has to be taken because of possible misunderstanding and misinterpretations of the euphemisms which may cause awkwardness and in some cases distress (Rawlings, Tieman, Sanderson, Parker & Miller-Lewis, 2017). I did notice that the participants who had worked in palliative care used words such as "died" whereas the rest of the participants talked about "passed", "passing", "put to sleep" or "lost". For Dave it implied that he had moved on from the death of his pet and it made him feel sad. Both Queen and Tracey however, did not like to use the word 'death' as they believed in some kind of afterlife:

"Death is like a full stop...I don't believe it's a full stop...they're not here anymore....death is liked finished but it hasn't finished yet because I believe that they've gone to somewhere else". Queen

Both of these participants felt that using the word death made them feel that this was the end; there was nothing more after death. You get a sense with Queen that if she used the word dead, it would mean the person would no longer be with her. Both have a faith that death is not the end, that there is a better place that people move

onto once they have died, therefore, to them using “*passing*” or “*passed*” makes more sense to them as they are still alive but in a different form and in a different place.

4.4 Superordinate Theme 3 – Positive Aspects of Death

This theme will encompass various aspects of the positivity of death. The subordinate themes are ‘Spirituality’, ‘Communication’ and ‘Meaning’. These themes will cover aspects such as religion or faith, the belief in the afterlife, and how some people accept death as part of life and what Meaning means to the participants.

4.4.1 Spirituality

Religion/Faith appeared to play an important role in four of the participant’s lives. However, some participants did not see themselves as religious but that they had a faith instead. Faith is described as being more personal to the individual (Pargament, 1999). Religion is seen as organised, a ritual and ideological (Pargament, 1999). For some, religion is seen as a tick list whereas faith was seen as a relationship with God. For Tracey and Queen they saw their faith as a personal relationship with God, and it was very important to them and informed how they live their life

“I don’t call it religious...it was more like a relationship...it’s not so like religious and rigid.....I would call myself something that has a very strong faith in God but not so religious...has influenced me in every single area of my life because I believe it’s not just my religion, it’s my way of living, it’s my lifestyle”. Queen

“...it’s more of a relationship between you and God, that’s the most, most, important...make sure that you’re sticking close to him”. Tracey

Whilst talking to Queen and Tracey about their faith, their demeanour was light, happy and very relaxed. I got a sense from them that faith gave them inner strength

to deal with life. It appears to provide them with a sense of stability and comfort knowing that God is there with them. Faith appears to have given Tracey and Queen a purpose as God has laid out His plans for them, so they do not need to worry. It may provide them with the belief that anything is possible if they have faith in God. Faith, however, may mean different things from person to person. What appears to give Queen and Tracey comfort may not be the same for another person. Whereas Maya, Moet, Dave and Mockingbird all said they were not religious, yet Moet and Mockingbird both believed in some form of afterlife. What was interesting is that Dave had no religious beliefs yet he came from a religious background:

“so I remember growing up...you’ve got two religions and two ideologies pressed on you from both sides so I just thought “hmm, I’m gonna make my own diversion”. Dave

It appears that Dave may have had an issue with the two types of religion (Catholicism, from his father’s side and Hinduism, from his mother’s side) as he was growing up. Catholicism is having one omnipotent deity, and afterlife known as heaven. Hinduism has many deities with different roles and the belief of rebirth or reincarnation after the physical body dies. As a child he may not have been able to comprehend and make sense as to how the two ideologies fit together, and as such this confusion may have impacted his perspective towards death and dying by following the path of scientific proof. He accepts and understands evolution as there has been proof of its existence, but until he can get concrete proof that a God(s) exists he does not believe in an afterlife. Having said that there is a sense that he does want to believe in it, his girlfriend does, as do some members of his family. It could be the fact that Dave is still quite young and death is not important to him as he sees it as something that will not happen for many years. With Maya there was a sense that she was at peace with the notion of there being no afterlife. However, a number of the participants have a belief in some form of afterlife. Moet and

Mockingbird both believe there is something else, but when asked to expand they found it difficult. Mockingbird is a person who has to see it to believe it, however, she describes an incident with her step-father:

“makes me think there is something else after we die – when he took his last breath a ray of sun shone through the hospital window and across his bed and one of his sayings was “the sun will shine and the roses will bloom again”. That’s something I held onto for a long time after he died, it was as if he was letting me know that he would be ok”.
Mockingbird

It felt as if Mockingbird needed something to hold on to, to accept the death of her step-father. By seeing signs and believing that there is some form of afterlife may help to assuage her fears of death. Moet has the same kind of thoughts where she thinks there are signs or “*coincidences*” as she calls them, but her feeling is of uncertainty in the existence of an afterlife:

“there’s got to be something bigger out there but what it is I don’t know.....it could just be my intuition, maybe I’m just hopeful that there is something out there”. Moet

This intuition that she talks about could this be seen as a form of faith, but she cannot describe it. Believing in signs and of an afterlife could be construed as a form of denial of death as the person would be continuing in a different form, therefore not really dead. However, by having this belief that something else is out there makes death more palatable. By believing in some form of afterlife appears to assuage the fears of death for some of the participants. It may suggest that acceptance and denial are not opposites but are actually interwoven together.

4.4.2 Meaning

Finding an acceptance that death is inevitable can be difficult for many people. For some of the participants they see death as part of life. Moet talks about death as if it

is a “normal part of life” however, does go on to say later in the interview about the fact that she may see it this way as she does not have a terminal diagnosis hanging over her head. Having seen death in her day to day job may have given her some understanding of death and dying and that it is part of life. For Aryi the subject of death and dying has always been part of her life. From her conversations you find that she comes from a Hindu background and some of their beliefs are of reincarnation and accepting that death is part of life.

“my family background or religious background...working at the hospice...it sort of made me more comfortable with death and dying...to put it bluntly it made me realise how important living was...it’s always something that was accepted”. Aryi

Working in the hospice and seeing death on a daily basis reinforced her acceptance of death and dying and she understood how important it is to live your life and not wait. Queen also appeared to have an acceptance that at some point she would die:

“I feel that I’ve done the most that I can and you only take me if you feel that my time here is done”. Queen

Queen talks about her faith in God and thereby she does not see death as the end, but the beginning of a new life with God, therefore drawing comfort from that belief. When talking to her about death and dying, she had a very easy outlook on the subject. She found by talking more about death and dying she was more accepting of it and her fear diminished. Maya also has an acceptance of death as she had seen death and dying on a daily basis in her employment:

“I feel happy to talk about it in general. I accept that it happens to everyone, it’s part of life”. Maya

When talking about death and dying there was no sense of fear about the subject. She appeared to be quite matter of fact about death. She saw death as part of life and once you are dead that is it. However, it could be interpreted that by God taking

death out of her hands then she does not have to worry about death as it would be up to God when it happens. It could infer some form of denial on a small level.

Moet's changed the way she viewed life at the beginning of her career. She obtained a diploma in cancer care and from then on she started to think about life and how it could change quite dramatically. As her career progressed and she dealt with death on a daily basis her belief is now to enjoy the time she has:

"I started thinking "well, life really can change"...when people say "oh, shall we go and do this?"...it's like "right, well we're doing them and we're gonna tick things off, we're not gonna wait". Yeah, we need to do it, we can't keep putting it off 'till tomorrow coz tomorrow may never come..." Moet

When Moet was talking about living life there was a sense of peace with her. She talked about going out, experiencing new things, making memories not just for her but for her family. When asked if she did think about the future her response was:

"I sometimes don't think about the consequences of "what would happen if I was still around in sixty years' time?" ... I've got my pension with my job but I wouldn't really plan anything else". Moet

It could appear that she has a lackadaisical attitude towards the future, with the majority of plans she makes are for enjoying life, but she appears to be happy with the situation. For her, living for the moment, and being with her family are much more important as she has seen life could be taken away at any time. Maya and Aryi have a similar outlook on life. To them, what is important is what happens between the two. She does this by telling the people who are important to her how she feels about them. The impression I acquired is that she is more interested in the relationships between people. Her experiences at the hospice allowed her to focus on the person as a whole and understand them and their lives. See the patient as a person and not an illness. Her whole approach appears to focus on keeping

normality when dealing with death. It could be suggested her experience of death and dying on a daily basis may have made her more aware of how important it is to let people know they matter. Aryi also has a belief about living for now:

"working at the hospice ... to put it bluntly it made me realise how important living was....every day that I live I'm grateful for it and if I could live it to the best then whatever comes just comes... make use of that time man, whether it's laughing or spending time with your loved ones or just play with your dog and just be bloody happy because life's too short to be sad all the fucking time or miserable... you know... just enjoy it and be kind to people..." Aryi

Queen, Tracey and Dave have very similar views. Queen and Tracey appear to have a meaningful and fulfilled life with their faith in God and Dave talks about living life for the moment:

"I figured we were just put on earth to enjoy our life and once that time was over, it's over, so why worry about what's gonna happen after.....while you can enjoy what you're doing now....I'd rather enjoy the time we have.....I live in the now rather than worrying about the future". Dave

Here you get a sense that Dave believes in living for the moment. He has considered his career and is aware that he would not be able to afford the supercars he likes to read about, as he has chosen a career that has meaning to him. He feels that life is for living and as he has no belief in an afterlife or a God he wants to enjoy what he has around him. It could be said that he sees life this way as he is quite young and death is too far away for him to consider. However he was very open in discussing death and dying giving the impression that he is aware and he has chosen to live his life in this way.

4.5 Superordinate Theme 4 – Communication

Communication can play an important role in people's attitudes towards death and dying. It can be both positive and negative, not only with medical professionals but also with personal communication.

4.5.1 Medical Communication

There appears to be differences in the participants' perception of how hospices and hospitals deal with death, and that communication from professionals can be mixed.

Maya and Aryi both talk about how they perceive hospice care:

"In palliative care it was much more open, much more talked about... it makes a more relaxed atmosphere, everybody can speak much more freely... but then there was always that barrier....barrier comes down with everybody else because as soon as somebody that isn't in that environment comes into it then it all changes and you have to be very aware of that, then you watch what you say, how you speak, how you approach things... it's all completely different." Maya.

It can be seen from the way that Maya was talking that discussions of death and dying were much easier and more relaxed within the hospice environment. As death is being seen on a day to day basis it gave rise to the relaxed environment, this could allow for patients to be more open and have more frank and open discussion of their death. Maya also indicates that there is a barrier in place whenever someone outside of the hospice environment enters it, as there may be uncertainty as to how other people would react. She also went on to say:

"We're obsessed with curing people, even in ITU, palliative care was doing observations four hourly instead of half hourly.....that was palliative care...we can't possibly do any less than that because then we wouldn't be in ITU, even though this person was clearly dying we still have to make sure they're attached to ridiculous monitors and be checking, constantly checking all the time... stop checking... God". Maya

Here I got a sense of the exasperation that Maya felt towards medical professionals in the hospital. There is a feeling that the person who is dying is not being respected and given the dignity to die in peace. Maya's frustrations may have come from the fact that she did work in a hospice and death and dying was dealt with completely differently. She went on to discuss a hospital stay she had where a health care assistant talked to her about everyday normal things. This normality made Maya relax more and be less fearful whilst in hospital. There is a sense that Maya felt that the person is not seen whilst ill, all that is seen is the illness, by keeping the normality allowed her to be relaxed and be acknowledged as an individual. The acknowledgement of the individual may have an impact as to how the individual sees their illness, and if taken a step further, the possibility of seeing death as normal may impact on an individual's perspective towards death and dying.

Some participants had a view that the doctors 'know best' whereas others had distrust for them and found their communication poor. For example communication from different doctors on the same matter appeared to be contradictory:

"The other consultant came over, a different one, and he said "it could be time to go"... the other consultant, the first one, he came in and he said "I think she could still have a chance, she could come through this" so I don't know if he was building our hopes up or if he really generally thought that... so I hung on to that". Mockingbird

Mockingbird had one consultant who had said that her family member had a chance to recover from the illness, whereas another consultant provided a different viewpoint. Mockingbird did not want to listen to the bad news and held on to the hope the first consultant had provided. Throughout the interview, when talking about her loved one, she was not able to accept the fact her loved one was dying. She would always *"fight"* even as she said *"if there is a 2% chance"*. There also appears to be the perception that the communication by some medical staff is not complete.

For example the dying process did not appear to be discussed with any of the participants who had experienced the death of loved ones. Dorathea described the rattling sound that some people may suffer when dying. She found the noise quite scary and unsettling as did Mockingbird; both were not told what the noise was and how it would affect their loved ones.

“she started gurgling, that horrible gurgling, it was all in the back of the throat so they come and did a suction thing and then they went out again”. Mockingbird

For Mockingbird it was more traumatic to see as they used suction to try and clear the throat. There was no explanation given to Mockingbird regarding the suctioning. No explanation of the noise that some people make, no reassurance given to family. Not only does this show a lack of communication to family members but also how death may be dealt with in hospitals. Doctors and nurses who work on wards with high death expectancies are aware of the process of death, but it is not often communicated to the dying person's family (Collins, McLachlan & Philip, 2017).

4.5.2 Personal Communication

Communication appeared to be both positive and negative. Some of the participants understood the need for good communication, whilst others were unable to communicate their feelings to others.

Moet talks about a positive experience she had at the hospice:

“All the family were round, they were all talking to her. They then started saying “we love you” and their goodbyes” Moet

When she was talking about this there was a sense of contentment. She went on to say how the family sang their prayers as their loved one died and how she felt it was a privilege, and she felt emotional, to be there witnessing the whole event. There is a

sense that despite the pain people suffer from the death of a loved one, there was an air of acceptance and peace as the family communicated with their loved one. For Aryi communication is very important for people to deal with the death of a loved one:

"talk to them, be kind to them, let them know the importance of you being there, let them know that you're there, tell them that you love them, even though you've said it already 101 times, say it again, you know". Aryi

Aryi makes a very good point here, she tries to get them to understand that even if there loved one is not responsive, to talk to them, to acknowledge them, let them know they are loved as this appears to help the loved one die a more peaceful death. This reinforces what Maya said about her stay at the hospital, keep everything as normal as possible.

Aryi talked about when she visited her mum a couple of weeks before her death, where she talked to her mother and told her how she felt:

"I knew mum was dying, I knew she was dying and I had to tell her what was in my heart and I think because I told her, I made my peace, I got closure, it didn't hurt me. " Aryi

Aryi talked about how she saw herself within the family unit. It can be seen that she did not feel completely part of the family, however she was able to tell her mum how she felt, and for her, that allowed her to be at peace with the death. Her work experience appears to have given her the tools to be able to communicate with her mother. By doing this, this may have given her mother the chance to have a peaceful death. However, for Dave and Mockingbird, communication regarding death and dying appeared to be poor. Dave said that death *"isn't something we really talk about"*. He was unable to communicate with his partner regarding the death of his pet. He was in great despair following the death and found that he pushed his

partner away, unable to communicate with her because she had not had the same experience. This could be as the family have not talked about death and dying it was harder for Dave to be able to communicate his feelings to his partner when his pet died. Mockingbird had a similar attitude.

*"In my family we never discussed things in life, marriage, relationships, personal matters or anything really so I suppose that could be why, we as a family, didn't discuss death".
Mockingbird*

By not communicating any of the major events that can happen in a lifetime may have caused Mockingbird to have the fear of death and being uncomfortable when talking about death during the interview. However, Mockingbird did contact me sometime later following the interview and said how she felt talking about death and dying had helped her be more open to the subject. Communication is a vital part of living and allows individuals to deal with stressful situations.

Chapter 5 – Discussion

5.1 Introduction to Chapter

This chapter discusses the findings from Chapter 4 and their implications, along with the contribution this study offers to current research, in that death perspectives are not all denial or all acceptances; there is not the dichotomy between the two but rather there appears to be a co-existence between the two. Possible future research and limitation of this study will also be discussed.

5.2 Discussion

One of the main contributions of this study has been the use of a qualitative approach. Most research to date, has been quantitative in nature especially when discussing TMT (see Burke, Martens, & Faucher, 2010). Quantitative research can be experimental and/or involves structured questionnaires with closed questions, which may not be able to capture what is actually happening in the participants lives, and participants would have limited options to respond (Braun & Clarke, 2013). The qualitative aspect of this study allows for capturing nuances that quantitative cannot. It is adaptive in that the researcher is able to ask follow up questions, helping to uncover a person's emotional response which can often drive a person's decision making or influence their attitudes. It can encourage individuals to be more open in discussing their lived experiences and to express themselves with more authenticity.

An interesting aspect of this study is that in the analysis of the participants' interviews, there appeared to be a cross-over between Negative Aspects of Death

and Positive Aspects of Death. The results suggest support for both Terror Management Theory (TMT) and Meaning Management Theory (MMT), which indicates that it is not as simple as positive perspectives versus negative perspectives.

Participants perceived death as a subject feared by most of the general public. It was suggested, by the participants, that death is seen as a subject that is too upsetting and frightening for most. Their perception is that the subject of death and dying is actually seen as something that is unacceptable and possibly something to be avoided, this links to existing research that people tend to deal with death and dying with denial, fear or discomfort (Florian & Mikulincer, 2004). However existing research is based on how people react with denial, as opposed to this study where participants perceive others as reacting with denial. As Aryi put it “the average person” does not experience death, suggesting that the general public do not see death very often. However, though participants viewed society as having a fear of death and may not be comfortable talking about death, the participants themselves were able to discuss death and dying, suggesting the environments they have worked in, lived in, studied in may have influenced their social construction of death and dying. A number of the participants (Queen, Aryi, Maya, Tracey, Dorathea, Mockingbird and Laker) perceived that media may have an effect on a person’s attitude towards death and dying. They talked about the media making death “scary” and “sensationalising” death, which they felt may cause people to have a fear of death and dying. From a TMT perspective these social constructs may add to a person’s unconscious anxiety towards death.

For a number of people within today's modern western society, religion provides a belief of literal immortality (e.g. existence of heaven, paradise, reincarnation or some sort of spiritual dimension), (Parkes, Laungani & Young, 1997). The faith displayed by a number of the participants reflects that of intrinsic faith (i.e. an outline for the way that they lead their lives) (Pargament, 1999), as opposed to extrinsic religiosity (i.e. religion is seen as organised, with a combination of many ideologies, beliefs and concepts) (Pargament, 1999). In this study four of the participants had a strong faith, and they understood that death was not the end of life and heaven/afterlife was seen as a better place than the world they lived in. There was recognition of the spiritual connection with a transcendental reality with the hope of spending their eternal life with their loved ones. This suggests their meaning of death is transitional in nature, rather than a physical end to life. Two of the participants believed or wanted to believe in 'something after death', another one believed in reincarnation and two had no beliefs of life after death. Wanting to believe that there is form of afterlife may indicate a level of denial as they do not wish to see death as the end. However, having faith or belief in some form of afterlife may provide people with meaning, and help make sense of their lived world and improve their wellbeing. Wellbeing includes concepts such as physical, social and psychological aspects (McNulty & Fincham, 2012). Some of these aspects such as self-acceptance, connection to other people, pursuit of meaningful goals, may provide individuals a purpose, to enable them to strive towards goals within their lives, to live a more fulfilled life (Ryff, 1989; Seligman, 2012). This is the cognitive aspect of meaning; it is the beliefs, worldviews and values of the individuals. The cognitive component directs the selection of goals and strengthens the individual's belief systems. Having a more positive perspective towards death may push the individual forward to attain their life goals. Previous

research has shown that having increased levels of faith may reduce the anxiety of death (Thornson & Powel, 1990; Bivens et al., 1994) suggesting that faith ameliorates the fear of death and may provide more meaning (Cohen et al., 2005; Rigdon & Epting, 1985; Wong, 2008). It can be seen that by using a qualitative methodology it has brought out the fact that death acceptance and death denial are intertwined in respect of faith. TMT's framework suggested that religion acts as a buffer against existential angst as individuals unconsciously defend against the fear of death through their cultural worldview and self-esteem, which is attained from living up to the standards of value, set by their worldview. However MMT's framework suggests that having some form of faith can improve personal meaning and wellbeing, which in turn may provide a more fulfilling and purposeful life.

The topic of death and dying in the current societal context has contributed to what is seen as a death denying and death defying society (see Yalom, 2008). Individuals may obtain their self-esteem by abiding to their cultural standards; by conforming to the socially constructed beliefs and behaviours of their culture. Research using the TMT framework has shown any damage to these social constructs by thoughts of mortality may increase a person's need for materialism, their greed, possible racial discrimination, prejudice and increased levels of aggression (Grabe et al., 2005; Vail et al., 2012). TMT suggests these reactions may help an individual to manage their fear of death. By having an awareness of death, it may have a negative effect on a person's behaviour, their thought process and may even increase a person's bias and cause defence distortions of thoughts in order to protect their cultural beliefs (Harmon-Jones et al 1997; Vail et al, 2012). However, none of the participants who had a faith talked about materialistic aspects, or came across as prejudice in any

way whilst discussing death or dying. The participants appeared to view faith as a way to accept that death was going to happen, took comfort that dying would be God's plan, which ties in more with the MMT concept.

A number of the participants appeared to have a more accepting perspective towards death. As mentioned in previous chapters, meaning in life is subjective and personal, therefore different to each and every person. Meaning can come from self-worth and self-justification (Baumeister, 1991) and be transcendent or spiritual (Bernard et al., 2017; Runquist & Reed, 2007). A number of the participants accepted death and saw it as a part of life. Their approach tended to find meaning within life itself, without relying on any transcendent reality. Existing research has suggested individuals obtain meaning from a number of different sources, which in turn, may vary depending on a person's cultural background, ethnicity etc. (DeVogler-Ebersole & Ebersole, 1985; Kaufman, 1987; O'Connor & Chamberlain, 1996; Prager, Savaya & Bar-Tur, 2000; Wong and Fry; 1998, Yaloom, 1980). Death, to Maya, Aryi, Dave, Laker and Moet, was seen as a cycle and part of life; death was neither feared nor welcomed. Death was seen as a rational and scientific approach to acceptance and part of the biological process. There was no belief in an afterlife but there was symbolic immortality. They wanted to make the most of the here and now by creating memories, being part of situations that provided their lives with meaning. They believed these creative and significant contributions made life worth living. This is supported by previous research where people find meaning by following a calling within their lives (see Dobrow, 2006; Hall & Chandler, 2005), or to serve some greater good within their working lives (Hunter, Dik & Banning, 2010, Seligman, 2002; Steger, Kashdan & Oishi, 2008) or from striving for goals (Emmons,

2005) and from small personal projects (Little, 1998; Machell, Kashdan, Short & Nezlek, 2015). For these participants death is seen as a reminder that their lives are finite and valuable, and will pursue and attain worthwhile goals which provide a sense of fulfilment. Having this awareness and being mindful can increase a person's wellbeing and reducing death anxieties (Niemi et al., 2010). This form of acceptance is the motivational aspect of meaning, the wants, needs and goal striving of the individuals (Reker & Wong, 2012). This in turn can reduce anxiety levels and engender feelings of worthiness, providing validation of their belief systems, satisfaction, fulfilment and happiness.

Communication appeared to be mixed in this study. A number of the participants were unable to communicate their feelings to others, whilst some could. This was interesting, as some people were able to accept death but were unable to talk about it. This could suggest that they perceive death as a taboo subject within today's modern society, and thereby if they tried discussing death and dying they may be seen as strange or morbid. To make the topic easier to discuss, the fear of talking about death needs to be addressed. Even the communication by professionals to family members appeared to be mixed.

Moet, Maya & Aryi were all able to communicate with patient's families during their time working in palliative care, which could come from their training and experiences in communicating with dying individuals and their families. However what was interesting was that they had not been able to communicate their own death wishes to their loved ones. This could suggest that family members may act as a barrier to

discussing death and dying, possibly leaving Moet, Maya & Aryi with a feeling that their wishes may not be supported. For Mockingbird, talking about death appeared too difficult as communication regarding various life events throughout life were never discussed as she was growing up. In respect of the medical profession there appeared to be mixed signals. It appears that the medical staff did not give adequate information to family members about the process of dying and communicating conflicting information. Mockingbird had the experience of her mother being suctioned and no-one explained why they did it, also Dorathea not having the death process explained caused emotional distress at a time when emotions are already running high. This could suggest medical staff do not wish to upset, or know how to communicate effectively with family members regarding bad news (see Caswell, Pollock, Harwood & Porock, 2015; Katz, Sidell & Komaromy, 2001; Fallowfield, Jenkins, & Beveridge, 2002; Robinson, Gott, & Ingleton, 2014). Communication is a key component not only at the time of approaching death but for all discussions on death and dying.

An interesting aspect of the study is how some of the participants found their meanings of death changed during and following the interviews. Two of the participants felt they now wanted to write down and communicate their final wishes to family. Queen felt she should “write some stuff down” and Dorathea said she may start thinking about getting some information in place. She also felt that it would be a good idea to write down things that she wants to happen at her funeral. She already had a will, but with the conversations about death she feels she should update it as they are quite old. Mockingbird contacted me some time after the interview and thanked me for the time spent talking about death as she found that by talking, it has

made her less fearful of death. This adds to the strength of using qualitative methodology. It was seen that, for some, there was an immediate impact on how they saw death and dying just by talking about it. By using IPA the participant was able to talk about their lived experience and reflect upon it whilst discussing death and dying and what it meant to them. This would not have been achieved with the use of surveys/experiments normally used in quantitative methodology.

5.3 Limitations

There are a number of limitations to this study. The first is the sample; all the participants were known to me, which could indicate a sample bias such as Inclusive Bias and Researcher Bias (Gladas, 2017; Smith & Noble, 2017). Participants were recruited as a result of convenience and fit the demographic that I wanted to investigate. The homogeneity of the sample, and the use of IPA, allows for the patterns of convergence and divergence that may arise amongst the sample. The researcher bias was addressed by my explanation of my perspective by clearly providing information on my background; my experiences and knowledge for the reasons as to why I undertook this research (see 3.6 of this thesis). By using reflexivity it acknowledges the part that I played within the interpretation of the data, and that I am not detached from the research process, but am fully immersed into it.

A second limitation that may be considered is that the study is qualitative in nature and uses IPA. One criticism of IPA is that it does not recognise the integral role of the language used by the participants. However, the narratives and the dialog and

any descriptions that are used in gaining an insight into a person's lived experience are intertwined with language (Smith et al., 2012). Also IPA's focus is on a person's perception and understanding their lived experience and a criticism of IPA, is that it does not explain why these events occur. However, IPA uses hermeneutics, contextual and idiographic analysis capturing the full experiences of the individuals (Smith et al., 2012). A final criticism of IPA is that it does not take into account the role of cognition. However, Smith et al., (2012) argued that IPA does resonate with cognitive psychology in that one of the fundamental requirements of sense-making and meaning-making incorporates the process of reflection.

5.4 Conclusion and Future Research

This study provided insight into individual's perspective towards death and dying. It could be suggested that perspectives towards death and dying are not just positive or negative, they appear to be intertwined. Despite some of the participants having faith, it could be interpreted that there is still some underlining of fear. Future research could investigate individuals who do not believe in an afterlife or deities to explore if they find other ways of achieving some sense of transcendental reality. Another factor to consider for future research is that of age. The younger participant's perception to death was that it was too far away to give it any real consideration. Investigating specific age groups on their perspective towards death and dying to understand how age impacts on their live experience. Also future research could include studies investigating perspectives of individuals who have a life-limiting illness, near death experiences, and how these issues have affected their perspectives towards death and dying. All these different types of studies may

inform researchers on how to create some form of education tool or intervention to allow people to come to terms with the difficult subject of death and dying and possibly provide information as to what would be a good age to start death education.

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Appendix A

Participant Information Sheet

Project Title: Exploration of Individual's Perspective towards Death and Dying

Researcher: Alexandra Pinto, Department of Psychology, University of Bedfordshire.

Supervisors: Dr Andrew Clements, Professor Gail Kinman, and Dr Sarah Baker, Department of Psychology, University of Bedfordshire

I would like to invite you to take part in my research study. To help make your decision if you wish to participate I would like you to understand why this research is being done and what it would involve for you.

What is the purpose of the study?

This research is investigating individual's perspective towards death and dying. At the end of the interview, you will be fully debriefed about what I am looking for, and what I expect to find.

What will happen if I decide to take part?

You will be asked to take part in a one-to-one interview. These interviews will last approximately one hour and will take place at a suitable location that is mutually convenient for you and the researcher. During the interview you will be asked about your understanding of death, any experiences regarding death and how they have impacted you in any way (good and bad). You do not have to share anything with the interviewer that you are not comfortable in sharing.

How will my privacy be protected?

Your name will only appear on the consent form which we will keep in a separate place to the interview transcripts. You will be asked to give yourself a pseudonym (false name) and a separate file connecting your name and pseudonym will be kept in a password protected file on the researcher's computer. You will be asked for your permission to record the interview. The recordings of the interviews will be kept in a password protected file on the researcher's computer and will be destroyed once they have been transcribed. Transcripts will be kept as password-protected electronic files on the researcher's computer. Any quotes used in the dissemination of the research, identifying information, such as place names, will be altered to eliminate any possibility of identification. Only the researchers will have access to the data, and as such they will not share this information with anyone. However with one exception being if a disclosure is made that indicates that the participant or someone else is at serious risk of harm. Such disclosures may be reported to the relevant authority

What are the benefits of taking part in the study?

You will not receive any direct payment for the participation in this study.

What are the risks of taking part in this research study?

There are no anticipated or known risks. Everything you share with the researchers as part of your participation is voluntary, and if at any point you feel you would prefer to stop, or would prefer not to share something, that is absolutely fine. You are free to decline to answer any question that makes you feel uncomfortable. Should the discussion raise any issues that you would like to discuss further after the interview you can do so by contacting any of the following support organisations:

Anxiety UK - National charity helping people with anxiety

Web: www.anxietyuk.org.uk

Tel: 08444 775 774 (Mon-Fri 9.30am to 5.30pm)

Text: 07537 416 905

Email: support@anxietyuk.org.uk

Cruse Bereavement Care – National charity for bereaved people in England, Wales and Northern Ireland

Web: www.cruse.org.uk

Tel: 0844 477 940

Cruse Bereavement Care Scotland – National charity for bereaved people in Scotland

Web: www.crusescotland.org.uk

Tel: 0845 600 2227

Samaritans – a talking charity for UK and ROI

Web: www.samaritans.org.uk

Tel: 116 123

Email: jo@samaritans.org

Write: Freepost RSRB-KKBY-CYJK

PO Box 9090

Stirling

FK8 2SA

Can I withdraw from the study?

Participation in this study is entirely voluntary, and you are able to withdraw at any time during the research. Should you choose to withdraw from the study you may do so without disadvantage to yourself and without any obligation to give a reason. Please note your data can be withdrawn up to the point of data analysis, after this point it may not be possible. You can contact the researcher, Alexandra Pinto, via email (alexandra.pinto@study.beds.ac.uk) if you wish to withdraw your data after the interview has been completed.

What happens once the interviews are completed?

Once all the data has been collected, the researcher will conduct various analyses. We are able to share the results with you. If you wish to do this please provide the research with your email address.

Data will be kept behind a password-protected computer for 5 years. After this, the data will be destroyed. Data generated in the course of the research will be retained in accordance with the University's Data Protection Policy.

Research Integrity

The university adheres to its responsibility to promote and support the highest standard of rigour and integrity in all aspects of research; observing the appropriate ethical, legal and professional frameworks.

The University is committed to preserving your dignity, rights, safety and wellbeing and as such it is a mandatory requirement of the University that formal ethical approval, from the appropriate Research Ethics Committee, is granted before research with human participants of human data commences.

Appendix B

Participant Name:

Participant Age:

At birth, you were described as (These categories of gender follow the guidelines from the Equality and Human Rights Commission)

- ☐ Male
- ☐ Female
- ☐ Intersex
- ☐ I'd prefer not to say

Which of the following describes how you think of yourself?

(These categories of gender follow the guidelines from the Equality and Human Rights Commission)

- ☐ Male
- ☐ Female
- ☐ Intersex
- ☐ I'd prefer not to say

What is your highest level of education achieved so far?

- ☐ No formal qualifications
- ☐ GSCE's or equivalent
- ☐ AS/A Levels or equivalent
- ☐ Bachelor's degree or equivalent
- ☐ Master's degree or equivalent
- ☐ Professional degree
- ☐ Doctoral degree
- ☐ Trade/technical/vocation training not listed above (please describe below)
- ☐ Other (please describe below)
- ☐ I'd prefer not to say

If you answered "trade/technical/vocational" or "other" to the previous question, please describe here:

What is your occupation?

Appendix C

Informed Consent Form

Project Title: Exploration of Individual's Perspective towards Death and Dying

Investigator: Alexandra Pinto

Please read the following and confirm your agreement by signing your name at the end of this document.

1. I confirm that I have read and understood the information sheet for the above study and understand what is expected of me.
2. I understand that my participation is voluntary and that I am free to withdraw from the study at any time.
3. I give my consent for my interview to be audio-recorded.
4. I give my consent for the use of direct quotations provided that any quotations are anonymised by use of a pseudonym.
5. I understand that all information provided by me will remain confidential.
6. I confirm that I have been given the opportunity to ask questions regarding the study, and if asked, my questions were answered to my full satisfaction.

Name of
Participant:.....

Signature:.....

Date:.....

Appendix D

Debrief Form

Project Title: Exploration of Individual's Perspective towards Death and Dying

Investigator: Alexandra Pinto

Thank you very much for taking part in this study. I very much appreciated your time and interest.

The purpose of this study is to understand the relationships between the meaning of life/death and death perspectives as expressed in emotional reactions toward death. It will also look at the relationships between different death and dying perspectives and the relationship between the perspectives and the personal meaning of death.

Participating in this interview today may have raised some issues that you might like further support with. If that is the case, you may be interested in contacting the following organisations:

Anxiety UK - National charity helping people with anxiety

Web: www.anxietyuk.org.uk

Tel: 08444 775 774 (Mon-Fri 9.30am to 5.30pm)

Text: 07537 416 905

Email: support@anxietyuk.org.uk

Cruse Bereavement Care – National charity for bereaved people in England, Wales and Northern Ireland

Web: www.cruse.org.uk

Tel: 0844 477 940

Cruse Bereavement Care Scotland – National charity for bereaved people in Scotland

Web: www.crusescotland.org.uk

Tel: 0845 600 2227

Samaritans – a talking charity for UK and ROI

Web: www.samaritans.org.uk

Tel: 116 123

Email: jo@samaritans.org

Write: Freepost RSRB-KKBY-CYJK

PO Box 9090

Stirling

FK8 2SA

If you have any questions after the interview or would like to withdraw your data at a later date, you can contact Alexandra Pinto by email at: alexandra.pinto@study.beds.ac.uk.

Appendix E

Provisional Interview Schedule

- Tell me about yourself?
Prompts: What do you do? How long? Your beliefs?
- What do you find interesting about death and dying?
- How do you think other people view death?
Prompts: Media?
- How comfortable do you feel about death and dying?
- Have you any experiences of death and dying?
Prompts: Family, friends. What happened? How did you feel?
- What do you think is a good age to die?
- Can you tell me if your views on death and dying have changed over the years.
Prompts: What were they when younger? What about more recently?
- How ideally would you like to die?
Prompts: What would be the best thing about a quick death? What would be the worst thing about a quick death?
- What do you believe happens to you after you die?
- How would you want to be handled after you die?
Prompts: Have you spoken to your family/friends? Who will carry out your final wishes and how will they know what to do?
- What would you like your last words to be?

Appendix F

Transcriber Confidentiality Agreement

Exploration of Individual's Perspective towards Death and Dying

This research is being undertaken by Alexandra Pinto. MRes candidate in the Department of Psychology, University of Bedfordshire.

The purpose of the research is to explore individual's perspective towards death and dying. As a transcriber of this research, I understand that I will be hearing recordings of confidential interviews. The information on these recordings has been revealed by Interviewees who agreed to participate in this research on the condition that their Interviews would remain strictly confidential. I understand that I have a responsibility to honour this confidentiality agreement. I agree not to share any information on these recordings, about any party, with anyone except the Researcher of this project. Any violation of this and the terms detailed below would constitute a serious breach of ethical standards and I confirm that I will adhere to the agreement in full.

I, _____ agree to:

1. Keep all the research information shared with me confidential by not discussing or sharing the content of the interviews in any form or format (e.g. WAV files, CDs, transcripts) with anyone other than the Researcher.
2. Keep all research information in any form or format (e.g. WAV files, CDs, transcripts) secure while it is in my possession.
3. Return all research information in any form or format (e.g. WAV files, CDs, transcripts) to the Researcher when I have completed the transcription tasks.
4. After consulting with the Researcher, erase or destroy all research information in any form or format regarding this research project that is not returnable to the Researcher (e.g. CDs, information stored on my computer hard drive).

Transcriber:

(print name) (signature) (date)

Researcher:

(print name) (signature) (date)

Appendix G

Aryi				
1	So, tell me a little bit about yourself. What do you do? How			
2	long you've been doing it?			
3	Ok, so, I'm a nurse by trade and I have been doing my nursing			
4	career since... well, I qualified in 1995 and I initially qualified as a			
5	learning disability nurse which I absolutely did not enjoy...			
6	A what nurse?			
7	Learning disability... did not enjoy that because I couldn't			
8	understand why I would be called a nurse when we're not allowed			
9	to do any nurse type jobs so...			
10	Yeah, bit strange.			
11	Yeah, so, I left that side of things and I joined another			
12	organisation... another charitable organisation until... and they had			
13	people with varying degrees of physical disabilities, not so much			
14	learning disabilities but acquired disabilities things like MS, MND,			
15	you know, RTAs and things like that and they were very			
16	instrumental in developing my nursing career. So, with that I left			
17	and went off to do my retraining to become an adult trained			
18	qualified nurse and went back to that organisation and worked			
19	there. I became senior nurse or deputy manager, if you want to call			
20	it that and with that we were redeveloping and we thought that we			
21	were going to have a special palliative care unit so I went off and			
22	done my palliative care degree which was a lot of fun and then I			
23	decided I wanted something different so I went off to work at the			
24	Milton Keynes General... I continued being deputy manager so I did			
25	quite a few hours... and then I had a sabbatical in my career life			
		Qualified 22 yrs ago No enjoyment initially Learning disability nurse Wanted to be more hands on Conflict in the meaning of what nursing meant. Change of career Charitable organisation Dealing with acquired disabilities Physical disability job impacted on nursing career Retrained - new skills acquired Adult nursing Senior nurse/responsibilities Career development Restructuring at work, redevelopment of skills - palliative care degree Responsible job Sabbatical take to reassess	Educated Empathy Hands on experience Conflict Career development Charitable organisations Empathy Impact of job on career Development Responsibilities Career development Responsibilities Self-awareness Palliative degree seen as fun?	

Notes hard in senior rd.
Why if pal care was fun
was fun sarcastic masking?
Why the sabbatical
more confidence here

26	and decided to take on a career at the hospice and then decided to	Career change hospice for 4 yrs		Career redevelopment
27	leave after four years and become a student again. So, that's my	Currently uni student degree in		
28	little life in a nutshell.	Radiology		
29	That's great. So, your last job was palliative care, so you have			
30	an interest in death and dying...			
31	I do. <i>has a story to tell</i>	Has an interest into the subject of death		Interest in death
32	What do you find interesting about death and dying?			
33	My interest in death and dying actually has always been with me	Interested in death from a young age		Death part of life
34	ever since I was growing up. Death and dying has always been a	Since childhood, has ruminated on mortality for a long time		Death Interest Since childhood
35	part of my life. I think I've always questioned the concept of death	Death always seen as part of life		Questioning of death
36	and dying but being when you're young you're not quite sure how to	Questioned concept of death from a young age (do we tell children enough about death?)		Experience of loss Questioning of parents? (abandonment)
37	understand that. Also, my family background or religious			
38	background probably went a long way in making me question that	Questioned death through religion and family		Impact of religion
39	as well and working at the hospice... it sort of made me more			
40	comfortable with death and dying... to put it bluntly it made me	Awareness how important living is		Awareness of self
41	realise how important living was.	<i>Coming to terms with mortality = acceptance</i>		Coming to terms with mortality
42	Ok, you talked about your family and your religion, can you			
43	expand on that a little bit?	<i>existential theory</i>		
44	So, I was born into a Hindu home and their belief of death and	Hindu background. Death seen as part of living.		Religious beliefs
45	dying is not separate to living, it's part of living and their belief is	Karma, reincarnation		Living important
46	shared with sort of the Buddhist belief with karma, reincarnation,			
47	and things like that so... I think that made me comfortable with	These beliefs made her comfortable with death		Comfortable with death
48	death and dying, it was never something to be feared, you know, it's	No fear of death		No fear of death
49	always something that was accepted and something that was	Acceptance of death		Death acceptance
50	inevitable and there was a lot of emphasis on the importance of	Inevitability of death		Inevitability of death
51	how you live your life as opposed to death and dying but that's	Important to live life		Meaning in life
51	<i>both will happen = acceptance</i>	Importance given to living well which		

not focused on ultimate finite end

acceptance of regeneration

*There is no ultimate end
Higher ascension = positive*

Importance to reincarnation - what you will return as

Appendix H

Pre - Subordinate Themes

	Self	Death wishes	Religion & faith	Relationships	Denial & avoidance	Afterlife	Changing attitudes	Death experiences	How death is perceived	Word & Education
Queen	✓	✓	✓	✓		✓	✓	✓	✓	✓
Aryi	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Moet	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maya	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dave	✓	✓			✓	✓	✓	✓	✓	✓
Tracey	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Doratheia	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mockingbird	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Laker	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

	Being Prepared	Fear of ghosts	Media	Communication	Control	humour	Tempting fate	Animals	Euphemisms	Good age to die
Queen		✓	✓			✓			✓	✓
Aryi	✓		✓	✓		✓		✓		✓
Moet	✓			✓	✓	✓				✓
Maya	✓		✓		✓					✓
Dave	✓			✓	✓	✓	✓	✓	✓	✓
Tracey	✓		✓	✓					✓	✓
Doratheia	✓		✓	✓	✓	✓				
Mockingbird	✓		✓	✓	✓	✓	✓	✓	✓	✓
Laker			✓	✓	✓	✓			✓	✓

Appendix H (Cont'd)

	Death interests	Letting go	Rituals	Medical	Fear	Grief	Last words	Cleaning conscience	Acceptance	Types of death	Meaning
Queen		✓		✓	✓	✓	✓	✓	✓		✓
Aryi	✓	✓		✓	✓		✓		✓	✓	✓
Moet		✓		✓	✓	✓	✓	✓	✓		✓
Maya				✓	✓	✓	✓	✓	✓	✓	✓
Dave	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tracey		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Doratheia	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
Mockingbird		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Laker			✓	✓	✓	✓	✓	✓	✓	✓	✓

Appendix I

Subordinate Themes

Fear	Death wishes	Spirituality	Meaning	Denial or Avoidance	Communication	Perception of Death	Fear
Fear of ghosts	Death wishes	Religion or faith	Animals	Clearing conscious	Personal	Media	Fear of ghosts
Tempting fate		Afterlife	Last words	Control	Medical	Changing attitudes	Tempting fate
Euphemisms		Rituals	Acceptance	Use of humour		How death is perceived	Euphemisms
Letting go			Meaning	Good age to die			Letting go
Fear			Being Prepared	Denial or avoidance			Fear

Appendix J

Superordinate Themes

What does Death Mean	Negative Aspects of Death	Positive Aspects of Death	Communication
Perceptions of death	Fear	Spirituality	Personal
Death wishes	Denial or avoidance	Meaning	Professional

Appendix K

Table 1 - Participant's Occupations and Experiences

Participant's Pseudonym	Gender	Age	Occupation	Experiences of death
Mockingbird	F	53	Self-employed	Death of father at a young age, death of mother and step-father
Laker	M	82	Retired	Deaths during the war, deaths of friends, death of parents
Doratheia	F	76	Retired	Deaths of friends, death of parents, death of cousin
Moet	F	38	Registered Nurse	Death seen regularly due to working in the palliative sector. Death of grandfather and grandmother
Maya	F	40	Registered Nurse	Death seen regularly due to working in the palliative sector. Death of neighbour.
Tracey	F	22	Student	Death of father and grandmother
Queen	F	22	Student	Death of grandmother. Death of a child on partner's side
Aryi	F	44	Registered Nurse/Student	Death seen regularly due to working in the palliative sector. Death of mother
Dave	M	22	Student	Death of pet